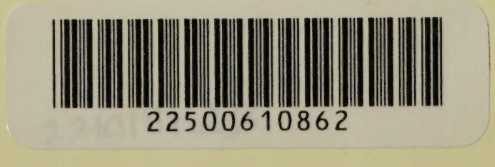

22500610862

PROVINCIAL

MEDICAL JOURNAL,

AND

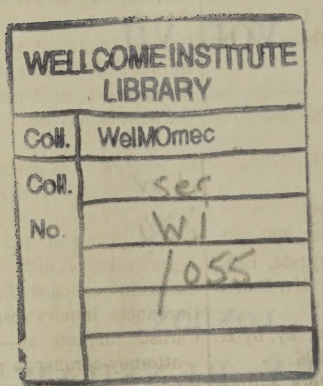
RETROSPECT OF THE MEDICAL SCIENCES.

EDITED BY

DR. HENNIS GREEN AND DR. STREETEN.

VOL. VII.

LONDON:
HENRY RENSHAW,
MEDICAL BOOKSELLER AND PUBLISHER, 356, STRAND.
1844.


WELLCOME INSTITUTE
LIBRARY
Coll.
WelMOmec
Coll.
No.
Ser
WI
1055

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 158.] LONDON, SATURDAY, OCTOBER 7, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

ON THE USE
OF
BLEEDING IN SOME CASES OF MENTAL DERANGEMENT,
WITH CASES.
No. I.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The subject to which I am about to draw your attention is one upon which so much doubt has been allowed to rest up to the present time, that I do not consider any apology necessary for bringing it forward in the pages of your valuable and wide spreading Journal.

I allude to the practice of bleeding in the treatment of insanity, as well as in those conditions of the body which lead to this affection; the utility of which practice has been denied by some, while others have not hesitated to place it foremost among the therapeutic agents which are best calculated to combat this formidable malady. Nevertheless, it is with much deference that I record my own experience; knowing how many there are of my professional brethren more able and intelligent, more practical and observant than myself, who might contribute their knowledge towards the settlement of a question of so much moment as regards the comfort and the happiness of our fellow creatures. While other diseases mar for a time the enjoyments of the world, inflicting pain and sorrow, which may be more or less protracted or severe, yet not without hope of recovery, this hydra-headed malady often cuts off all hope, shutting out its victim from that world to which his faculties and feelings bear the most natural and intimate relation, and often the most inseparable attachment, while it throws around him an imaginary one which besets him with the most distressing difficulties, and the most appalling doubts and fears. I feel that it is possible to consider the first approaches of this disease more seriously than hitherto they have been, and knowing how much depends upon the course pursued by the practitioner, not merely at the outset of the disease, but in many cases by anticipating the symptoms, I am induced to believe that the remarks I am going to make will not be altogether useless.

Before, however, I proceed to speak of those particular forms of the disease, or the specific causes which seem to indicate the use of bleeding more especially, I will just observe that it occurs to me that the reason why so much obscurity exists in the minds of medical men respecting the use of the lancet in mental diseases arises from this circumstance—viz., that they regard the disease in too general a sense, not always bearing in mind that, like many others—as dropsy, tic douloureux, &c.—it is the effect of widely different causes—moral, physical, and natural; and that, moreover, like those diseases, it yields to widely different treatment, which, to those unacquainted with the true causes, may sometimes appear to be quite unaccountable.

It should be remembered that not only are there distinct forms of mental disease, but the causes giving rise to each of those forms are very different, and require that we should be constantly prepared to meet the disease with a corresponding difference of treatment. The opinions and the practice of different men are so variable and contradictory, that it would be no small task, were all the recorded opinions stated, to pronounce which side was entitled to our greatest confidence—namely, those who advocated free and general bleeding, or those who adopted a more conservative method of treatment. And this inconsistency of opinion will be found in a great measure to be traceable to the fact of the remedies having been applied with reference to the forms of the disease rather than to the causes which establish those forms.

Thus, we have in *mania*, for example, those who contend for the theory of cerebral inflammation, and those who deny its existence. I do not desire to be numbered on either side; I can only state that I have had ample ocular proof of the inflammatory condition of the brain in some varieties of mania, even though unaccompanied by fever; while, at the same time, I have never been disposed to doubt that mania may and does exist without the presence of cerebral inflammation.

If we are guided in our judgment by the information to be derived from morbid anatomy, we are almost constrained to believe that very opposite conditions of the cerebral mass are capable of producing this individual form of the disease; and it is not improbable that different causes might have operated in effecting the difference in those morbid changes. Now, it occurs to me that one of the circumstances that tends most to confuse the mind in the treament of mental diseases generally, is, that the same cause, whether inflammatory or any other, is capable of inducing the various forms of the disease; and, therefore, occasionally all the acute forms, whether mania, melancholia, or dementia, are capable of receiving benefit from the same method of treatment.

There may be comparatively few cases in which true inflammatory action may be considered as the cause of mania, when we compare them with a vast number of others which will admit of no such conclusion; yet that this is a cause I cannot have a doubt. Now, if all the forms of mental disease were the effect of one cause—inflammatory action—physicians would not differ so widely in opinion, and the treatment would simply resolve itself into a question of degree; yet the same remedy—bleeding—is proposed even when an inflammatory cause is not suspected, and it has occasionally proved most emi-

nently successful. This is perplexing, and the more so as our ignorance of other primary causes of the disease does not permit us to deny, on true pathological grounds, the use of bleeding. We bleed in spasm, we bleed in apoplexy, we bleed in insanity, and we know not why, beyond the experimental fact of its being a successful method of treatment. In a disease, the pathology of which is almost altogether *in nubibus*, more or less empiricism must mark the treatment either way. The non-inflammatory nature of the disease is, therefore, no argument against venesection, and, seeing this, with all due deference to nomenclature, I shall not hesitate in the following remarks to relate cases which bear in some way upon this remedy, regardless of their nosological position, as my object is not only to direct the attention to bleeding in some *forms* of mental disease, but also regardless of the forms, when certain known causes would seem to determine the practice, to point out the probable time when this remedy may be best calculated upon with success. I shall first allude to those cases which attracted my attention to the remedy, before I had the opportunity of extending my observations.

Some years before I read Dr. Rush's report of his method of treatment in the hospital in Pennsylvania, my mind was drawn to a circumstance which appears also to have attracted the attention of this great physician. He states that he had seen several lunatics who had attempted self-destruction by cutting their throats or opening the great vessels, and who were cured by the abundant hæmorrhages which followed these attempts. A few years ago I had several opportunities of seeing cases of this description. The individuals were those who, in attempting suicide, had merely divided the smaller arteries of the neck, consequently their lives were not sacrificed. In these cases I was struck with the fact that no attempt of a suicidal nature was renewed during the process of cure, and that, moreover, whatever was the state of mind of the patient on admission, they usually left the hospital with the *sana mens in corpore sano*. I must confess I was much surprised at this, and though I saw how possible it was that some of these cases really might not have arisen from any *mental* derangement, in the strictly nosological sense of the word, yet I could not regard all the cases alike in this respect, and my conclusion was at that time that, whatever was the mental condition of the patient previous to the injury of the throat, if really mental derangement, it had probably yielded to the depletion and discharge consequent upon the accident. Bearing this circumstance in mind, I hesitate not to say it had its weight in regulating my treatment of mental diseases, and if I have been successful in such diseases, I attribute this to the very early and complete depletion which I adopted in all those cases where I could use this remedy with safety. I am desirous not to be misunderstood; I do not say that every case that has come under my care I have thus treated, neither can I say I have ever carried depletion on into any case so far as was done by Rush and others, even to the abstraction of two hundred ounces of blood in a few weeks, as in one instance, or nearly five hundred ounces in a few months, as in another, although I am not disposed to discredit that such cases may occasionally occur. Fourteen years have now elapsed since the cases of suicide above alluded to came under my observation, since which time, among those which I have been called upon to witness, two will be found very remarkably to bear out the present argument, I shall, therefore, give them in this place.

Case I was that of a man, fifty years of age, who cut his throat after having been deranged from melancholia for thirty years, during which time he had attempted to destroy himself in various ways. He was rather a short, thick-built man, very steady in his habits, inclined to be passionate, but in the enjoyment of good health up to the time that he became deranged in his mind. There was no hereditary predisposition. He married at the age of nineteen, soon after which his wife became unfaithful, and his mind appeared to be affected from this cause. He was admitted into St. Luke's, where he was bled and subjected to other treatment, after which he went to Bethnal-green, from which asylum he was removed by his mother, though not considered to be well. He continued to live with her for three years, during which time he suffered from great depression of spirits, and in the autumn of 1833 he cut his throat. It was on this occasion that I first saw him, and having removed the coagula from the trachea, and discovered the amount of the injury—that the smaller arteries only were divided, and the œsophagus was preserved uninjured—I got some brandy into the stomach, and with various stimulants succeeded in restoring him to life. There could be no doubt that this man was deranged, for his manner betrayed it. We got the outer wound together, leaving the rings of the trachea, which were quite separated, to unite in their own way—a mode of treatment I have always found the most successful, having lost one or two cases in consequence of bringing the rings together by a ligature. There was a free discharge from the aperture for many months, and a slight one for a year or two. He rapidly recovered his mental faculties and his strength, and has been able to work ever since, to my knowledge, without having had the slightest return of his malady, and it is now nearly ten years since the accident.

Case II.—The second case was that of a gardener, thirty-six years of age. He was healthy and strong, not accustomed to drink, neither had he any hereditary predisposition to the disease. About the 20th of March, 1841, he complained of great thirst, and a very dull, confused pain in his head; his spirits were very low, and he thought that people were distrusting him. No notice was taken of this, and, after these symptoms had continued with more or less delusion for eight days, he cut his throat. He was three miles in the country, so that at least an hour elapsed before I saw him, when he was quite exhausted; the vessels had contracted, and nearly all the hæmorrhage had ceased. We got the wound together, after which I did not continue to attend him, but I heard from time to time that he was going on well. He answered questions very rationally; all the depressing fears quitted him, and finally, after a few months, the wound was completely healed, and the man perfectly well. He left the family with whom he had lived, and as I was at that time in want of a gardener, and

knew him to be a steady character, I took him into my service. He has lived with me now two years, and, until last month, has not complained of anything. At that time he felt his head heavy, and complained of a pain over the occiput, and the same thirst he suffered from before. I bled him to twenty ounces, and gave him several smart purges, and he is now completely well, and free from pain.

I do not recollect to have met with any cases upon record which exactly correspond with these. There are cases mentioned where the circulation in the brain was clearly increased from sudden intemperance, and where a similar course to that pursued in these cases was attended with success; but, in both the instances I have stated, no mechanical injury nor habits of intoxication preceded them; they appear to be pure cases of melancholy, produced from moral causes. Sir William Ellis mentions a case the result of intoxication, the successful issue of which yielded to means so closely resembling those which I have here stated, that I quote it in this place, the more to show that depletion in suicidal cases, to be successful, does not render it necessary that they should proceed from *similar causes*.

"I recollect," says Sir William, "a case which occurred to me thirty-five years ago, of a seaman who had been living in a very intemperate way for some time, until he became so maniacal that he could not be kept on board his ship. He was sent to the workhouse at Hull, where he had only been a few days when he leaped out of the window, in consequence, as he afterwards related to me, of believing that the devil wanted to get possession of him. He thought he should escape him if he could but get out of the house. He said he felt quite free for some time, but he at last heard him beneath the pavement wherever he went in the town. He then thought if he could only leap on board a ship, which was at some little distance from the wharf, he should avoid him; but he had not been long on board before he felt convinced he was scratching at the bottom of the vessel, and it then occurred to him that if he got on shore and cut his throat he should be safe. He borrowed a knife from a sailor whom he met, and instantly cut his throat from ear to ear. As is very usual in these attempts at self-destruction, the *pharynx* (larynx?) was wounded, but the carotids were uninjured; the hæmorrhage from the superficial vessels was enormous. The parts were speedily brought together, the wound healed by the first intention; he was never insane one moment after the brain was relieved by the immediate loss of blood. He related to me all the above circumstances. He got perfectly well, and went to sea within a month after his unsuccessful attempt at self-destruction."—*Ellis on Insanity*, p. 163.

In the above cases I have regarded the division of the vessels of the throat as the means, fearful as they were, which contributed to the removal of the mental malady; and I am of opinion that it is the loss of blood in these cases which has led to the establishment of this fact—namely, that "the prognosis of a propensity to suicide is favorable, provided the patient is prevented executing his purpose, and is submitted to medical treatment." * I have not stated these two cases in this place because I wish it to be inferred that all cases, without exception, that manifest a suicidal tendency, should be forthwith brought under the influence of the remedy. I would rather urge the caution of Aretæus, *cum sanguinem detrahere oportet, deliberatione indiget;* and though I think it is possible to err in carrying deliberation too far, I can also see the folly of those periodical bleedings which were practised in the last century indiscriminately upon all. Nay, I think I see that in this particular mode of treatment eighteen hundred years, much to our discredit, have not enabled us to say that we could even compare our practice with that of the Greek physician without implicating our judgment. I am chiefly anxious to impress this fact upon the mind, that there are many cases occurring in practice, in which, if depletion is used in the outset, or even before the disease breaks out, as I shall presently have occasion to show, the most direful consequences may be averted, and this terrible disease deprived of its power of victimising so many of our fellow-creatures. But I can substitute nothing in the place of judgment. If a man fails to exercise this important property of the mind, and makes the lancet a universal remedy in all stages, and under all conditions of the body, in which he is called upon to treat this disease, he must not expect to be more successful than the man who practices Mesmerism or witchcraft, or any other art of the charlatan. If there is one practical observation in Dr. Graves' writings which ought to be borne in mind more than any other, it is this—namely, that if we desire to be successful in the treatment of fever, we must *anticipate* the *cerebral* symptoms, and habituate ourselves to discover the signs of their approach. "Never allow the cerebral symptoms to explode; watch the first scintilla of cerebral excitement; repress the commencing mischief," by which course our remedies are in actual operation when the irruption takes place. Now, these remarks are equally applicable to many cases of insanity; and I am convinced that if the practitioner will only habituate himself to study the precursory signs of approaching mental disease, he will have the gratification of finding this remedy to be a more extensively successful one than it otherwise has been found to be. The time for bleeding is before, or immediately upon the first outbreak of the disease. This is the time when it acts as a charm in all those cases related by writers who speak so confidently and so highly of its remedial powers.

The following case will serve to show that the knowledge I possessed of its history gave me an opportunity of anticipating the treatment, and so, probably, averting a confirmed attack:—

Case III.—Is by trade a carpenter, of a gross, unhealthy constitution, fifty-six years of age, leucophlegmatic and dull, exemplifying that disproportionate compound, "the tun of man and kilderkin of wit." There is hereditary predisposition to the disease in the highest degree; the brother hanged himself, the father cut his throat, and the grandfather died, having been many years in a state of melancholia. He began to complain of depression of spirits, brought on from some circumstances connected with his business, about the middle of February, 1842, but I was not consulted for nearly a fortnight afterwards. There was no remarkable fulness nor hardness in his

* Burrows on Insanity, p. 568.

pulse, nevertheless I thought it right to extract twenty ounces of blood, having previously acted freely upon his bowels by calomel and cathartic extract. This catharsis was kept up for three weeks, during which time, as the depression and uneasiness in the head, accompanied with almost total loss of sleep, continued, I rubbed the tartar emetic ointment over the back part of his head, and so caused a very considerable crop of pustules. A few days after this his sleep returned; I gave him the infusion of hop, and he was soon restored to health and his usual spirits. He is perfectly well at the present time. Here there is no doubt that abstraction of blood averted a greater evil, and rendered the after treatment more successful, as the sequel of the case fully testified. I do not, by the relation of these facts, as I before observed, wish to imply that bleeding in all suicidal cases is indicated, although I believe it to be the rule; and the practical physician will, no doubt, occasionally find exceptions; but these exceptions will be fewer as the practice becomes more universal of treating with depletion the first irruptive symptoms of the disease, in all those instances where anything like the commencement of a departure from a sound state of mind is capable of being detected. This remark is also applicable to those cases of mania and dementia which have been the sequel of hysterical paroxysms in healthy young women treated *without* depletion. Many of these cases tread close upon the confines of insanity, which a timely bleeding might have averted. Experience has taught me to regard hysterical fits, when they occur in plethoric girls, with much more circumspection than as a young practitioner I might have been disposed to do. I was once called upon to see a young woman who was laboring under all the symptoms of hysteric passion. I regarded the cold-water treatment sufficiently powerful to subdue the fit, but I grieve to say the senses never returned. Coma quickly followed in my absence of a few hours, and my patient died. I examined the brain soon afterwards, and I then found out my error. At the base of the brain, particularly around the basilary artery, there was a deposit several lines in thickness, of a caseous substance, of the color of cream. I believe Dr. Burns, of Glasgow, has somewhere noticed the same appearance, but I cannot at this time put my hand upon the case. I feel, however, satisfied in my own mind that the morbid action in the cerebellum in hysteria, though it may be of a specific kind, and therefore not *always* disposed to run through its stages with the same rapidity that characterises common inflammation, is nevertheless an inflammatory one, which responds to the lancet in the first instance. Not so afterwards, when the disease has established itself in an organic form, and the organ of the mind has been obstructed in the due performance of its function. In my next paper I shall incidentally take occasion to show that some of the most distressing cases of mental disease owe their origin to the very trifling means which were used at that period of the history of the case when hysteric fits were the only marks to pilot the physician.

I am, Gentlemen,

Your obedient servant,

C. M. Burnett.

Westbrook-house, Alton, Hants, Sept., 1843.

A CASE

OF

MALIGNANT DISEASE OF THE OS UTERI,

COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

By Thomas Dorrington, Esq.,

Surgeon to the Manchester and Salford Lying-in-Hospital.

On the 15th of December, 1842, I was sent for to see Sarah Hales, aged thirty-five, pregnant, and a home-patient of the Manchester and Salford Lying-in-Hospital. She was complaining of severe uterine pain, which had succeeded an attack of hæmorrhage that occurred yesterday, to the amount of about two quarts of blood, as she supposed. Her general appearance was that of a woman laboring under malignant disease; she was sallow and emaciated; her face was rather œdematous, her arms and legs much so. The pain that she was suffering from was referred to the neighbourhood of the os uteri, and extended to the loins and hips. The hæmorrhage had weakened her materially. Upon making a vaginal examination, I found the uterine orifice and neck in an advanced state of scirrhus, and apparently of open carcinomatous ulceration. The anterior portion of this part was much lengthened, so as to project low into the vagina, where it formed a hard, convex, bulky tumor; the os uteri had been converted into an extensive, large, oblong, irregular fissure, extending up into the left side of the uterus—the edges of this fissure being nodulated, rough, and, as far as could be judged by the feel, ulcerated. This opening was large enough to admit the ends of all the fingers in a line, and might be in some parts an inch and a half wide, being situated transversely, and somewhat obliquely. The posterior portion of this opening, to about the extent of one-third of its whole circumference, was soft, and seemed dilatable, but the remaining two-thirds were so scirrhous as to preclude all notion of dilatation. A soft body, which seemed the membranes, could be felt high up in the fissure. The pain of which she complained was of a lancinating, grinding kind, and was always present more or less. My examination produced much suffering, the parts seeming exquisitely tender to the touch. She could not tell exactly how far she was advanced in pregnancy, but the size of the uterus did not indicate more than seven or eight months. I felt the movements of the child distinctly when my hand was upon the uterus, and I fancied that I could detect fluid in the abdominal cavity.

The following history was elicited from her:—She has been a healthy woman on the whole, though subject to hysterical attacks, and has had seven children. Her last child was born twenty-one months ago, after a difficult and tedious labor of fourteen or fifteen hours. Her previous labors had been much shorter and easier, but the gentleman who attended her is not aware, as he informs me, that the difficulty last time arose from incipient disease of the os uteri. It is, however, very possible that the deposition of scirrhous deposit had begun before that time; it would be easy at least to account for the unusual difficulty of her

labor by this circumstance, which still might not attract attention at the time, on account of the disease being in an early state only. She suckled the child till it was sixteen months old, when it died. During the first ten months of lactation she had a continual sanguinolent discharge from the vagina, which was increased at the catamenial periods. At the end of this time the discharge and the catamenia ceased to appear till the child died, a period of six months. In about a week after this event a severe flooding came on, and lasted five or six days. In less than a month she had again a slight colored discharge, which lasted two days; and in rather less than another month a similar one. Since that time she has had none till that which occurred yesterday, but in the intervals between the three last colored discharges she has had a yellow, muco-purulent, fœtid discharge from the vagina. During the whole of the period succeeding the hæmorrhage that occurred soon after the death of the child, she has had the severe shooting and grinding pain at the lower part of the abdomen, and at the cervix uteri, of which she now complains; and also a difficulty in voiding her urine, which has sometimes been retained for two days and nights, and has then passed with difficulty, pain, and smarting, from which, indeed, she always suffers during micturition. Her bowels have been tolerably regular, rather confined, perhaps, than otherwise for some time. She has lost flesh rapidly, and got weaker; has had no appetite, and has been confined to her bed from pain and debility for the last month. Her left leg became œdematous about the time that she began to have pain at the cervix uteri and in the bladder, and it has been so painful from distention that she has been forced to have recourse to a bandage to support it; the other leg and her hands and face have not begun to swell till lately. She thinks that she quickened five months ago, but had not the same degree of faintness this time that she has had at her other quickenings. In her other pregnancies she quickened variously—at the third, fourth, and fourth and a half months—so that no estimate can be formed of her period from this circumstance. If the sensations called quickening depend upon the rise of the uterus out of the cavity of the pelvis, one would suppose this event to have taken place both more gradually and at an earlier period than usual, owing to the pelvis being materially occupied by the tumefied cervix uteri. Supposing, then, that she quickened about the end of the third month, we may thence conclude her to be about eight months gone. She says that just before the third hæmorrhage she had after the child's death—that is, about thirteen weeks ago—she was apparently as large as a woman at the full time—a statement which her friends corroborate; but after this the size of the abdomen diminished, and the abdominal parietes became comparatively flaccid. The integument of the abdomen, and, indeed, of the rest of the body, is œdematous. When she lies on the side, the uterus seems flatter at the sides and smaller than when she is supine, and seems to have a longitudinal ridge along its centre, most distinct towards the pubes; this ridge, however, cannot be observed in any other position, and probably depends on some peculiar state of the uterine fibres connected in some way with the disease. The pulse is weak, and rather more frequent than natural. I ordered the following:—

Acetate of morphia, two grains;
Camphor mixture, eight fluid ounces. Mix. To take one ounce every four or six hours.

This medicine seemed to ease the pain, but on the 19th of December she begun to have stillicidium urinæ. I introduced a silver cathether into the urethra, but could detect no fistulous connection between this and the vagina or os uteri. I could not succeed in introducing it into the bladder, owing to some obstruction about the neck of that viscus, which was very painful when touched by the instrument. Dr. Radford heard the pulsations of the fœtal heart, and we both felt the child move repeatedly.

On the 20th of December Dr. Radford and myself thought that the scirrhous parts were softer, and that the pains she had resembled incipient labor.

Dec 21. The stillicidium urinæ has ceased, but she complains that she cannot hold her water long, and has some "catching in her breath." I made an examination to-day, which caused her to have a good deal of pain for some time after. There was no alteration in the state of the parts. A general consultation of all the medical officers of the lying-in-hospital was held upon the case, and it was determined that I should endeavour to induce premature labor.

22. She will not consent to my proposal of bringing on premature labor till she has seen her husband, who is absent, but who is expected home on the 25th instant.

24. Last night the dyspnœa became so urgent that she was obliged to leave her bed, and sit propped up all night in a chair; the breathing now is short and hurried; she is very *feeble*, *faint*, and *cold*; her pulse is rapid, irregular, small, and faltering; her face exhibits every appearance of prostration, and she says that the *mucous rattle* comes on the moment she adopts the recumbent posture. Unfortunately there is no fire-place in the room, which has the effect of increasing the natural coldness of the surface. I ordered warmth to be applied to the feet, arrow-root and brandy to be taken frequently, and the following:—

Sesquicarbonate of ammonia, two scruples;
Sulphuric æther, two drachms;
Camphor mixture, eight ounces. Mix. To take one ounce every three hours.

Eight, p.m. Rather better; there is less prostration.

27. She has rallied a little, but is now suffering from intense pain in the carcinomatous parts, and for two days has had constant stillicidium urinæ, which creates much smarting. She has not felt the child move since the 25th, and its motions then were very feeble; the pulse is 90, feeble, and faltering; she has great thirst; the bowels are constipated, and she has taken an aperient pill that she happened to have in the house. She has left off taking the mixture prescribed on the 24th, but takes about four ounces of brandy in her arrow-root each day. Yesterday I ordered her to resume the mixture prescribed on the 15th, but she does not think that it eases the pain. She has been in bed for the last two days, the dyspnœa having left her on the 25th. This afternoon the pains began to resemble labor, and by eleven o'clock, p.m., this had unequivocally come on.

28. About one o'clock, a.m., the midwife in attendance sent for me. I arrived about two, a.m., and found the labor pains vigorous and natural, but she complained of much suffering in the situation of the carcinomatous parts. The membranes presented nearly at the os externum, dilatation of the os uteri having taken place as fully as I thought possible without laceration; the hard tumor situated in the anterior part of the cervix and os uteri had disappeared, or nearly so; it was, probably, pushed up behind the pubis. I waited for nearly an hour, in expectation of the membranes rupturing, but this did not occur, although the uterine action was strong. The woman complained of feeling faint very frequently, and brandy and water was given whenever she did so. I now tried to rupture the membranes with my finger nail; but, finding them unusually tough, I passed a pin into them, and, bringing the point out again in another place, tore through the intervening substance, which was tougher than I expected, but still yielded readily enough. I may here say that I could not ascertain the presentation before I did this. A sudden escape of most fœtid gas, through the opening I had made, followed, and a quantity of putrid cerebral matter was forced through it into my hands. I had not only perforated the membranes, but the fœtal scalp, which was closely enveloped by them. I enlarged the opening with my fingers, and got out more of the brain; and I now found that, owing to the pressure of the uterus acting on the putrid head of the child, the brain had been forced out between the bones and the scalp, so as to form the tense resisting tumor covered by the membranes, which I felt presenting, and which I mistook for the liquor amnii contained in the bag of membranes. I conclude that this must have occurred, both from the fact of being unable to feel the cranial bones during an examination made before I ruptured the scalp, and also from the loose, detached state of one of the parietal bones, which I found amongst the brain immediately after I had opened the head.

As soon as the presenting tumor was thus opened and emptied, it became evident that the bulk of the fœtal head was above the scirrhous os uteri, and was to a great extent out of reach of the finger, used as an extracting agent. The thickened lips of the fissure representing the os uteri, now that the tumor formed by the scalp and membranes was emptied, sunk into the pelvis again, and occupied so large a portion of the basin, particularly in front, as to cause considerable embarrassment in my operative manœuvres. I now sent for my colleague, Mr. Hunt, desiring him to bring the crotchet and craniotomy forceps. The pains, which were strong and frequent before I ruptured the presenting tumor, had entirely ceased, and the woman was inclined to doze a little. She would also have fainted several times but for the free administration of brandy, and the stimulating mixture prescribed on the 24th. Rather more than an hour elapsed before we began our extracting efforts with the craniotomy forceps and crotchet. The former instrument was used to bring away the bones of the cranial vault and portions of the scalp. These parts were so soft, and afforded so little hold, that this was an operation that lasted some time, gave considerable pain to the patient, and caused her to feel much exhausted, for which brandy and water was occasionally given. As we got away the cranial bones piecemeal, an escape of fœtid gas every now and then took place from the uterus, but *no liquor amnii escaped in any part of the labor*. The bones of the cranial vault being removed, and those of the base of the skull and face broken apart, and mummified as much as possible, Mr. Hunt and myself having effected this by turns, I passed up the crotchet, and fixed it firmly into the upper part of the neck, just below the chin. After very firm and steady traction, I succeeded in getting this down, the woman suffering most excruciatingly. I then removed the crotchet, and fixed it into the upper part of the chest, just below the sternal articulation of one of the clavicles, getting a very firm purchase. After very violent traction, during which the screams of the woman were heart-rending, I succeeded in getting down one shoulder and arm; the other followed immediately, and the rest of the child soon after. It was in a most putrid state, and at about the eighth month. The woman had now given to her one drachm of tincture of opium in some strong brandy and water, and also some of her stimulating mixture. It was four hours and a half since I had opened the head, and during the whole of that time, excepting the first hour, every effort had been used to extract the child. As the placenta did not come away, and slight hæmorrhage began to show itself, I introduced my hand through the os uteri without difficulty, and extracted it, the uterus contracting well afterwards. The reason that I had no difficulty in getting through the os uteri was because a laceration of the cervix had taken place, as was afterwards seen. A bandage was applied to the belly, and brandy given, but the woman began to sink, and died *in less than half an hour*.

Autopsy, Ten Hours and a Half after Death.

The head and thorax were not opened, and no especial examination was made of any other organs, except the uterus, bladder, and rectum.

The body was much emaciated, and the appearance of the viscera exsanguineous.

There was a small quantity of serous effusion in the abdomen. The uterus occupied the lower part of the umbilical and the hypogastric regions, being larger than is common after recent delivery; in other respects its external appearance was natural, there being no laceration of its peritoneal covering. The finger being passed into the os uteri from the vagina, there was found on the right side, opposite the iliac fossa, a small laceration in the scirrhous structure, that extended into the sub-peritoneal cellular tissue, but did not involve the peritoneum; when examined from above, ecchymosis of some extent was found in the neighbourhood of the laceration. The vagina was entire, and no communication existed between the diseased parts and the interior of the bladder. The rectum was healthy. The bladder, uterus, and rectum, were carefully dissected out of the pelvis; and during this operation several lymphatic glands in the pelvic cavity were found to be larger and harder than natural, and, when cut into, they presented a firm, gristly appearance. The parts being removed, an incision was made in the middle of the posterior surface of the uterus, whose texture was softer and more friable than natural. The whole of the mucous membrane lining

this viscus presented an unusual appearance; it was of a dark olive tint, approaching to blackness. The portions of the organ that had formerly been the os and cervix uteri were converted into hard, irregular, thickened structure, covered with mucous membrane; that was rather of a redder tinge than the rest, and presented irregularities of surface—indications of previous ulceration. Owing to the contusions they had undergone during the labor, they had been mummified and squeezed to so great an extent, that they felt less hard and bulky than one would have expected from an examination made during life. The laceration before alluded to presented the appearance of a number of bands, probably vessels passing across it, and keeping the lacerated surfaces more or less in contact, especially at that part of the texture farthest from the mucous membrane. The lacerated surfaces were smooth, which probably depended on the great brittleness of the diseased structure. On the left side of the cervix uteri was a coagulum, which was firmly adherent to the mucous surface, and seemed so inseparably connected with its structure, that one could not say where the coagulum ended and the mucous membrane began. When a section was made of the thickened, irregular structure, that occupied the place of the cervix and os uteri, the following appearances were presented:—A reddish brown layer of mucous membrane, about one-sixth of an inch in thickness covered a cartilaginous-looking mass, which was nearly an inch thick in parts. This latter structure was hard, brittle, yellowish-white, and nearly homogeneous in appearance, and bore a strong resemblance to a potato when sliced. Certain sections of it were not entirely homogeneous in their aspect, but presented appearances something like the bands observed in certain forms of scirrhus, but they were not very distinct. In one or two sections marks of vascularity existed, the situation of the vessels being mostly towards the centre of the part. The mucous membrane of the bladder was healthy, but uneven posteriorly, owing to the state of the coats beneath, which presented the same appearances when cut into as the cervix and os uteri, but to a less extent; the anterior wall of the organ was healthy. The bony pelvis presented a peculiarity with regard to the spines of the ischia. Both these processes projected inwards towards the mesial line, and were more prominent than natural, encroaching upon the cavity of the pelvis; on the right spine there was a small bony tumor, about the size of a split pea, on its pelvic aspect. The pancreas was firmer than is usual.

[*To be continued.*]

ON A

CRITICAL COLDNESS SUPERVENING IN THE COURSE OF CONTINUED FEVER.

WITH CASES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have hesitated some time in submitting the following observations to the readers of your excellent Journal, for fear they might merit the accusation of containing no point of interest or novelty, and prove merely a repetition of what has been frequently recorded in the pages of medical literature. But having taken some pains to examine not a few of the various repositories of our knowledge upon the subject of fever, and meeting with no special allusion to this, in my present estimation, important symptom, I feel encouraged to draw the attention of the more experienced members of our profession to the subject, in order, at least, to ascertain if the phenomena be of frequent occurrence in the practice of others; for, notwithstanding the general silence of authors, it is not easy to believe that the occurrence is due to any peculiarity of type in the fever of this district induced by local circumstances, inasmuch as I am unaware that any especially exist, unless the presence of an unusual quantity of moisture can be accounted as such.

There is one author, however, in particular, who ought to be exempted from the above charge—namely, the venerable Hippocrates, for he had evidently noticed the symptom, as may be inferred from certain of his aphorisms, which will be quoted in the subsequent part of this dissertation; although they are not altogether free from a certain amount of contradiction, which may be readily excused when the early period of the history of our art in which he wrote is taken into consideration.

The symptom to which I refer is the accession of a mild shivering, or more properly, perhaps, a coldness, during the course of continued fever. It may supervene any time after the seventh or eighth day, but most frequently occurs from the eleventh to the fourteenth day. The character of the fever in which it has been chiefly observed corresponded most nearly with the "Synochus" of Cullen. The cases chiefly happened amongst the inhabitants of a village and the surrounding rural district. According to my experience it is an extremely favorable sign, and has invariably denoted a fortunate result, all the cases in which it was strikingly apparent having terminated in recovery. Indeed, having at first regarded it with distrust and suspicion, I now hail it as a most propitious omen; and as the detail of a few cases would perhaps afford the clearest illustration of our meaning, I will endeavour to introduce them as briefly as possible.

Case I.—Mary W., aged twenty-nine, naturally affected with slight bronchial asthma, was seized with fever on the 10th February, 1841. Nothing very unusual occurred in its course, except a very loud wheezing respiration, which caused me to extract blood. On February 24th, happening to call at a neighbour's house, I heard she had passed a very restless night, had shivering, and such coldness of the extremities for a few hours that no warm applications would suffice to heat them. This being the first time I had particularly noticed the symptom, it caused me much apprehension, fearing, from theory, the invasion of some visceral inflammation. On visiting her, however, I was agreeably disappointed to find the expression of countenance more rational, and the wheezing respiration nearly gone; the pulse not much reduced in frequency, but its volume less, the artery feeling, as it were, diminished in calibre, its coats more rigid, and the pulsation firmer; these being exchanged for the bounding, vibratory character previously existing, and I may here state that this alteration of the pulse generally attends the chilliness above described. From

this day convalescence ensued, a decided crisis having taken place.

Case II.—Ellen W., aged twenty-one, suffered from a rather aggravated form of fever, attended on the twelfth day with discharge of blood from the bowels. On my entrance on the morning of the fifteenth day, I noticed much alarm depicted in the countenance of the mother, who told me she had passed a restless night, had been so cold that she could not sleep. Warm flannels had been applied some hours, and at length succeeded in removing it. On examination, I found the countenance much altered, there being less stupor; pulse contracted in volume, and firmer. She recovered from this day, although weakness remained a long time.

Case III.—Edwin M., aged thirty, laborer, suffered under very mild synochus, the pulse never exceeding 96 per minute till the twelfth day, when the wife informed me he was affected with coldness of the feet, which prompted her to apply warm applications; this chilliness was repeated next day, and he convalesced rapidly.

Case IV.—Martha M., aged twenty-three, had an attack of mild synochus. On the night of the thirteenth day was found extremely cold in bed, so much so as greatly to alarm the mistress of the house; the patient was unconscious of the sensation; the pulse diminished from this day, and convalescence ensued.

Case V.—A young lady in the same house, aged eighteen, was soon after seized with the same character of fever, but complicated with frequent epistaxis. About the twelfth day her sister complained there was much difficulty in keeping the extremities warm, the attendants being frequently compelled to apply heated flannels; this state of things was repeated for two or three days, and the improvement was most satisfactory.

Case VI.—Jane P., aged twenty-seven, was confined of her second child on the 17th of March, six days after which she was seized with symptoms of continued fever complicated with slight hysteria. This case was much protracted without any satisfactory reason, the symptoms never running very high. At length, about the nineteenth day, she began to complain of coldness of the feet coming on spontaneously, which a three weeks' tedious attendance made me regard with satisfaction. Improvement now took place for four days, when she ate an indigestible meal, that caused a fresh return of the febrile disturbance; this continued for seven days more, when the coldness again supervened, and brought with it the wished-for convalescence.

The above constitute only a part of the cases in which this symptom has been observed; and having witnessed its influence so often, the mind cannot resist attaching some importance to its occurrence. True, it is not to be recognised in every case, but yet it has occurred so frequently as to entitle it to the most considerate attention. There is some variety, also, in its mode of manifestation and degree, so that whilst some patients will hardly regard it as a matter of any importance, others will be sure to assign it a conspicuous place in their catalogue of grievances. I have very seldom seen it amount to what we term rigors; it may more properly be defined a mild shivering, or coldness creeping especially upon the extremities. Occasionally it has lasted a few hours, despite of every application of external warmth, but often the period of its continuance is much shorter. A common exclamation of the attendants is, "We could hardly get them warm, use what means we would." The patient has most generally experienced it towards evening, or in the course of the night. In some instances it has been repeated for two or three days together before a decided crisis ensued; and this fact somewhat accords with the observations of Hippocrates; for in aphorism 63, sect. 4, he says, "Those fevers which have every day cold fits are daily dissolved." Also, in another place, "A cold shaking fit coming upon him that has a burning fever, dissolveth it." There is also a third observation of his, which, it must be admitted, involves a certain amount of apparent incongruity—namely, "If a cold shivering fit come upon a feverish person, he being weak, and the fever not intermitting, is a mortal sign." I shall not attempt at present to reconcile the above discrepancy; the quotations, however, are quite adequate to prove that the father of physic had been impressed with what we are endeavouring to bring into more prominent notice.

Whatever intimate relation the phenomena under consideration may bear to that period of a fever denominated the crisis, there can be little doubt of their very close connexion, but whether as part, cause, or effect, I am unprepared positively to affirm; and before venturing too far into a labyrinth of speculation, would rather first ascertain, as far as possible, how far the facts will be found to correspond with those of other observers. If, however, a distinction be preserved between facts and the hypotheses which pretend to be founded upon them, the occasional indulgence of the latter cannot possibly throw much impediment in the way of the progress of medical science.

From a careful study of the preceding cases, it has appeared to me that the coldness indicates a period when the vital powers, or the *vis medicatrix naturæ* (than which a more expressive term cannot be used for our present purpose) is exerting every energy to resume once more the reins of government; when healthy action is about to prevail over those morbid processes with which the system has been previously struggling. There is strong reason to believe that the effort is altogether a spontaneous one, although occasionally the attendants have imagined that the cause of its accession was some unintentional exposure of the body to cold air, such as from a loss of the bedcovering, &c. This may sometimes have been the case; but the symptoms have been noticed in others where I have been assured no such exposure was possible.

I should venture to define the phenomena as a temporary respite from febrile action of the capillary system of vessels, during which, to borrow a term of Sydenham's, "the blood collects itself," and they become constricted and lessened in size; for the diminution of arterial calibre, and the exchange of a soft, bounding pulse for one of greater tone and firmness, within a period of twenty-four hours, is not the least remarkable part of the propitious alteration which ensues. The brain, if we may judge from its improved function, obviously participates in the change; and Case II, where such manifest improvement occurred in the respiratory organs in the course

of one day, seems to show that the capillary bronchial system equally shares in this general movement.

Having, as has been asserted before, regarded the process as entirely spontaneous, and not induced by any accidental cause, I have never ventured to imitate it artificially. If, however, it were possible to be certified that the coldness forms the first link in the chain of action which ends in the accomplishment of a crisis, the application of external cold would at once suggest itself; but this point is probably not so easily decided, and the discussion of it minutely might carry us far beyond the intended limits of this paper.

To some pathologists, perhaps, at first view, it may seem a contradiction that shivering should be an attendant both upon the invasion and cessation of febrile action; but such conclusion cannot be admitted till we have first thoroughly ascertained the exact relation which chilliness always bears to the different phenomena of the animal economy in which it is prominently concerned. If we adopt the reasoning of Cullen, that the cold stage of fever is to be regarded as the effect of the vital powers contending against some irritating cause, and not primary in its agency (as we are perhaps too prone to imagine), such an admission implies that the appearance of chills only indicates the period when the *vis medicatrix naturæ* becomes first cognizant of the presence of a noxious agent lurking within her dominions, and that this movement, therefore, constitutes the first step towards averting the impending danger. In such a case the intention of it must be admitted to be salutary; but it will be necessary to examine shortly how far this influence will be affected by existing facts. Now, the cold stage of ague is perhaps the most marked instance we can select, and many pathologists deem this disease the purest and least complicated of all febrile disorders. What purpose, then, it may be asked, does this stage answer in the economy of intermittent fever? Cullen seems to have regarded it as necessary, and the cause of all that followed in the course of that disease.

Dr. Billing, in his admirable work, alludes to persons coming into hospital with "dead ague" upon them, wishing fervently they might have an attack of regular shivering, confident, from experience, they would thus get relief of their oppression. These facts, of most expressive import, seem to show that a shivering fit may be fairly looked upon as an effort of resistance on the part of the vis medicatrix naturæ, and that, consequently, in most cases where it is manifested, we may reasonably suspect the existence of an antecedent cause that has been operating; it may be a longer or shorter period, according to the varying circumstances of each individual case. Its presence implies that the powers of the system are capable of being aroused to a state of danger; and, in accordance with this explanation, we not unfrequently find that many of the worst cases of typhus fever are ushered in by the most transient chills; also, it is an acknowledged truth that the most fatal instances of yellow fever, of the West Indian seasoning fever, and of the plague, are attended by the slightest amount of shivering—facts clearly evincing, as in the case of "dead ague," that the resisting powers of life are either too feeble or not on the alert.

What shall we say, then, of the shivering which almost invariably attends milk abscess, and of that which generally accompanies the formation of matter in any internal part of the body? Here there can be little question about the pre-existence of extensive disease, for the shivering commonly occurs when purulent matter is already formed, and is preparing its way towards some outlet.

But the well-marked rigors which precede peritonitis will be, perhaps, adduced as a triumphant instance of their being directly productive of inflammatory action. Even this, however, is by no means free from ambiguity, for tenderness upon pressure will be frequently found to exist prior to all shivering; but when this latter does appear in company with other symptoms, it affords the strongest confirmative evidence of the presence of a serious disease.

Further, it may be replied, that in proportion to the continuance and severity of the shivering is the intensity of the resulting disease, and that, therefore, it must always be an object of importance with the physician to curtail the former as much as possible.

Granting there is every truth in this general impression, it still opposes no valid objection to the belief of the secondary nature of chills, for these ought to bear a constant ratio to the combined influence of the primary morbid impression upon the system, and the state of the reacting powers; the greater the former, the more manifest will be the latter, subject to the qualifications elsewhere explained. But the rule does not hold invariably good, for ague, which is attended by rigors, greater perhaps than those attending any topical inflammation whatever, is not characterised by commensurate danger; and we have before shown that the most dangerous febrile disorders are accompanied by the least initial shivering.

From the above considerations, then, shivering may be regarded as an exponent of the available strength and resisting powers of the system. When the quantity of poison is great, but yet not sufficient to overpower vitality, a corresponding reaction may be expected; on the contrary, when small, the resistance will appear less obvious.

It is easy to anticipate here another objection, which claims a moment's consideration—namely, if rigors are to be accounted as curative in their object, whence the propriety of attempting to arrest or mitigate them in all febrile and inflammatory disorders?—and does not the entertainment of such notion violate the established rule of practice in ague of rendering the cold stage as short as possible? Admitting, for the present, that this line of practice is based upon the soundest experience, the objection would have much force if it were allowed that Nature never attempts too much in her sanative efforts, which is a point, I imagine, that few practitioners will assent to; for it seems the very essence of rational treatment, especially in acute diseases, to calm inordinate action, and thus gain more time for the gradually effecting of those changes in the economy which result in the restoration of healthy function, and which, if hurried too rapidly, would endanger the integrity of the whole frame.

The course of procedure in the treatment of ague and other fevers is further defensible, on the ground of our being unable to prognosticate which particular

cases are destined to be removed by such means, just as in cases of pneumonia, many of which, it is well known, would terminate favorably by trusting to natural expectoration; but, as it is impossible to predicate with certainty those which may be safely left to this course, the general plan of treatment in pneumonic cases is not affected by a knowledge of this fact.

That some cases of fever are really removed in the way first taught by Hippocrates, I feel firmly persuaded, from observation. I have notes of several instances where persons, living in an infected district, have been seized with the premonitory symptoms, differing in nowise from those which in others, less fortunate, were the prelude to a regular attack, and yet, after continuing a few days' suffering from frequent chilliness, alternating with warmth, and refusing to submit to confinement, the symptoms have gradually disappeared. These are cases, the cure of which, as Dr. Billing has so forcibly illustrated, may be much hastened by the administration of a few doses of tartarised antimony and neutral salts; and although they are not frequently presented to us, yet occasional examples of such are not devoid of interest to the observant practitioner.

Having now alluded to some few of the circumstances under which shivering is manifested, and finding none which strongly contravene the doctrine of its salutary tendency, we are led to observe that the secondary development of it, in the cases previously detailed, was marked by the most signal success in arresting all further disturbance.

In concluding the present communication, I would venture to hope that if no practical deductions flow from its consideration, it will still possess some value as an addition to our means of prognosis. I must, however, confess that the above cases have impressed me strongly, and made me much more solicitous and exact about ensuring due ventilation in the apartments of fever patients, securing light clothing, and insisting upon frequent ablution of the exposed parts of the body with water—all points of treatment in the utility of which few practitioners doubt; but it is to be feared they are rather tacitly admitted in theory than acted upon in practice. It may be that we have much yet to learn on the therapeutical application of cold; for whoever will carefully peruse the valuable reports of Dr. Currie, cannot fail to be convinced of its great controlling agency. And it is not irrelevant to remark, that an old practitioner of this district, who obtained great celebrity for the treatment of fever, was so great an advocate for cold air, that he was accustomed to insist upon the windows of fever apartments being kept open in the depth of winter, and even occasionally during the night—a practice which I have certainly meditated upon, but have not yet had the boldness to imitate.

I am, Gentlemen,

Your obedient servant,

RICHARD HINDLE, M.B., Surgeon.

Sabden, Blackburn, Sept. 18, 1843.

NOTE.—In a conversation with Mr. Hiddlestone, of the Leeds Fever Hospital, he informed me that he had occasionally observed fever to terminate by a rigor, but at that time he was inclined to think it was invariably followed by sweating. Now, sweating has certainly occurred in some of the cases above recorded, but not so regularly and decidedly as to make me regard it essential to the change.—R. H.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, OCTOBER 7, 1843.

We last week inserted a communication from Dr. Wilson, of the Malvern Hydropathic Establishment, which was in part professedly an explanation of a case previously published in the Journal. To this explanation, however, was appended an account, written by the patient himself, of a cure of some gouty affections, presumed or assumed to have been brought about by the use of cold water. We had at one time some doubts about inserting the case alluded to, not, indeed, because it emanated from an hydropathic establishment, but because it partakes so much of the phraseology and general character of those instances of asserted cure from Parr's life pills, Solomon's balm of Gilead, &c., with which the advertising columns of the newspaper press abound, that we were almost inclined to suspect it might bear some closer affinity to them than professedly appears. Be that as it may, however, we are, upon consideration, not indisposed to give the narrator of the case credit for his assertions, and the Malvern hydropathic establishment the benefit of the presumed cure. The individual in question was, obviously, from his own account, a free liver, and his hydropathic adviser, after having well sweated him, and got rid of the actual fit, seems to have had sufficient influence with him to induce him to lay aside his irregularities and take to a more rational mode of life. Father Mathew, we firmly believe, would have proved to the full as effective a physician.

But our object here is not to dispute, what no rational physician ever did, or ever will deny, the power of *temperance*, combined with fresh air and regulated exercise, with or without the use of cold water, in the treatment of disease. We rather purpose to examine into the cases recently narrated by hydropathic practitioners, and others long ago recorded by less questionable authorities, with the view of ascertaining what confidence the exclusive use of cold water, as employed by the former, is entitled to, and whether it surpasses in safety and expedition other modes of treatment. The axiom, *tuto, cito et jucunde*, ought ever to be present to the mind of the physician or surgeon in his treatment of the cases entrusted to his care; but the safe method of cure is ever to be preferred to one more brilliant and rapid, and perhaps also more agreeable to the patient. No conscientious physician will ever compromise the safety of his pa-

tient, either to advance his own reputation or to gratify the caprices of those by whom he is consulted. His first consideration is to conduct the disease, as far as it admits of it, to a safe termination, and in endeavouring to fulfil this object, to proceed as quickly, and to inflict as little suffering of whatever description, as the nature of the case will allow.

Now, if we test the cold-water treatment by these principles, we fear that it will be found to come off sadly deficient. No doubt that it is very pleasant to the mere animal sense of many individuals to subject their outward man to copious and repeated ablutions, at the same time that cold water is most refreshing to the thirsty soul. It is scarcely necessary to observe, moreover, that many of the gouty followers of hydropathy are to be found among these thirsty souls, or that the use of a powerful stimulus, either mental or corporeal, is habitual to very many of the gouty, dyspeptic, and nervous individuals, who make up the sum of the patients of hydropathic establishments. Ill-regulated minds and enervated bodies often require similar modes of treatment; and where the aberration, whether mental or corporeal, has arisen from previous undue excess, of whatever kind, the substitution of another, and often, perhaps, less prejudicial, stimulus may prove of temporary advantage. The intemperate man, under the hydropathic system, is still indulged in his intemperance; it is the stimulus only which is changed. Instead of pampering his appetite with highly stimulating articles of diet, or soaking himself with wine, spirits, or malt liquor, he attempts to allay his internal thirst by deluging his throat with cold water, and to make up for the loss of his accustomed stimulus by the repeated and varied excitement of the wet sheet, the douche, the head, hip, foot, and finger bath, while the injurious consequences of all these are attempted to be obviated by subjecting him to copious sweatings, instead of to the operation of the habitual dinner pill or daily purge. Both systems, we repeat, are essentially vicious, and the water drench of the hydropathist is only another form of sensual indulgence, intemperance, and excess.

But though the hydropathic mode of treatment may be more agreeable to the feelings of a patient, is it more rapid or safe in effecting the desired cure than the ordinary and more legitimate modes? We say, advisedly, more legitimate, for we question the moral propriety of indulging intemperance in any shape—in water, tea, and coffee, as well as in wine, spirits, and fermented liquors in general. We have heard of an individual, under hydropathic advice, spending seven hours a-day for two or three years, and at last terminating his existence in the cold bath, still suffering under the disease which he vainly flattered himself was in progress of cure. Surely this does not surpass ordinary modes of treatment in rapidity. We have heard of another swallowing his tumblers of cold water by dozens, apparently for no other purpose but to vomit them again, and consoling himself under the indefinite protraction of his cure by saying that he was "a perfect tank of bile;" of others who, after long-continued and exemplary attention to hydropathic regimen, have quitted the neighbourhood of the establishment in the same state in which they were when they went there, the temporary relief at first experienced quickly giving way to a return of the disease for which they were under treatment, and often with an increase of suffering; of others who have ultimately sunk after a protracted struggle with the combined effects of the disease and the remedy.

It may possibly be said that these are mere assertions, or the reiteration of reports circulated at random. At no distant period, however, we shall have to condescend upon instances sufficiently authenticated to bear out all that we have here advanced. In the meantime, we will remark that the safety of the system seems more than questionable, notwithstanding the elaborate treatises written to show its perfect harmlessness, when we find one person dying from psoas abscess, apparently developed after the employment of cold water wrappings to the abdomen (at least, the abscess, if it previously existed, does not seem to have been detected by the hydropathic physician who directed the treatment); others succumbing to disease of the heart; another dying in the midst of extreme suffering, under the effects of what is termed crisis; another forced to quit the wet sheets, and superincumbent blankets, and feather beds, to avoid threatened apoplexy; and another laboring under dropsy and disease of the heart, enveloped in the wet sheets, and, as it is said, actually dying therein.

These, it is true, are individual instances only, but they are such as would lead the genuine physician to pause, and endeavour to ascertain whether there are not other more safe, if not more effective, methods of treatment than the clumsy and violent measures here had recourse to. They are such as have formerly occurred, in certain of the affections wherein the cold-water system is now followed, when a similar treatment was recommended, and, from the dangers attendant on it, and fatal effects resulting, ultimately discontinued. They are such as justify fully the epithet of water-poison instead of water-cure, and the genuine translation of the Greek compound, hydropathy, into the more English, and equally expressive term, water-disease.

We have been led away by the preceding general remarks from our primary object, which was to endeavour to form a just estimate of the value, and especially of the safety, of the water treatment in certain of the diseases in which it is presumed to be peculiarly efficacious. Our limits are not sufficient

to admit of our entering upon this subject now, but we shall very shortly return to it. In so doing, we shall hope to divest ourselves of any bias in disfavor of the water treatment as a system, which the empirical practices of those who are its main cultivators are so calculated to excite. As we have before observed, there is much in the general regimen pursued, or said to be pursued, in hydropathic establishments, the advantage of which the intelligent medical practitioner will assent to, and the practice of which he is in the constant habit of recommending. The regulated diet, regular hours, residence in a pure atmosphere, exercise in the open air, freedom from harassing business, and constant employment, without overstraining of the mental faculties, added to good water as a beverage, instead of acescent and ill-fermented, or too potent fermented liquors, are in themselves sufficient to account for nearly all the benefit which is experienced by such as, in good faith, submit themselves to the treatment enjoined. They are precisely the same dietetic regulations and general regimen which are recommended by every intelligent physician, but which, deficient in the imposing air of *a system*, and appealing only to the reason, instead of playing on the credulity, of the patient, are more frequently disregarded than observed, alike to the detriment of the patient and disappointment of the best directed efforts of his medical adviser.

REVIEWS.

Some Account of the Epidemic of Scarlatina, which prevailed in Dublin from 1834 *to* 1842, *inclusive; with Observations.* By Henry Kennedy, A.B., &c. &c. &c., one of the Medical Officers of St. Thomas's Dispensary. Dublin, 1843. pp. 212.

The little work before us contains an account of a severe epidemic visitation of scarlatina, written by a practical man, who describes the symptoms he has himself witnessed, and the effects of remedies which he has enjoyed ample opportunities for putting to the test. The importance of the subject will be readily admitted, when we find, as our author tells us "that in England, in the year 1840, the deaths from scarlatina alone amounted to 20,000; and supposing the rate of mortality to be the average, which, in a very extended scale, is now found to be about 6 per cent., this would show that in the one year there had been upwards of 330,000 cases—a number which, unless we had figures for it, could scarcely be believed. The same method of calculating, too, shows that at the present moment there are upwards of 500 cases occurring weekly in London, as may be seen from the pages of the 'Medical Gazette.'"

The symptoms, pathology, and treatment, are detailed in succession, and illustrated by a good selection of cases. One of the most remarkable symptoms met with in the severer cases was the occurrence of a diffuse cellular inflammation of the external parts of the neck and throat, followed by unhealthy suppuration and sloughing; and in no less than three cases death occurred from hæmorrhage caused by sloughing of the parietes of the internal jugular vein. Sloughing of the mucous membrane of the throat, however, was very rare as a cause of death.

We will present to our readers a few points which we noted, for our own information, from Mr. Kennedy's observations on the effects of remedies.

Emetics.—A teaspoonful or two of mustard the most serviceable, at the beginning of the attack, to rouse the patient from a state of depression; *nothing allayed obstinate vomiting better;* he gave it also at any period of the disease when there was high fever and incessant restlessness. *Warm bath* frequently useful in allaying irritation when the vital powers admitted of it. *Cold and tepid ablution* almost always beneficial. *Cold affusion* was not much resorted to, but, when confined to the head, was found useful for violent raving and restlessness. *Blood-letting* very seldom admissible; leeches to the throat, or mucous membrane of the nose, occasionally brought great relief to head or throat symptoms; but, on the whole, the type of the epidemic entirely forbad depletion. *Diluents*, copiously administered, the author believes to be of very essential importance. *Stimulants* required almost constantly; they could throughout the whole epidemic be administered with much greater certainty of benefit than in any analogous disease; wine and carbonate of ammonia preferred. *Blisters*, dangerous from tendency to slough. *Purgatives* but little required, and only to be given with extreme caution. *Opium* the author "found a most valuable medicine, and one which holds out better prospects of saving life in some of the more serious kinds of scarlatina than any other remedy." He gave it, first, for the relief of great depression, weakness, and sleeplessness, attending typhoid symptoms in adults; secondly, for cases in which head symptoms, raving, and so forth, were prominent, and neither relieved by the appearance of the eruption, nor capable of bearing bleeding; thirdly, in cases of diarrhœa; but here it was almost powerless. For the *sore throat*, a few leeches, warm poultices, but, above all, a strong solution of *nitrate of silver* brushed over the internal surface. For the *diffuse external inflammation*, poultices and keeping up the strength. He saw no cases of recovery from this in children in which suppuration did not occur.

We cannot conclude our notice of this useful and unpretending little volume without recommending our readers not only to add it to their shelves, but also, if ever they have the opportunity, to make a similar record of the peculiarities of any severe epidemic which they may happen to witness. The important influence of the *epidemic constitution*, and the diver-

sity of various epidemic visitations of the same disease in their power of supporting loss of blood, and the other more important remedies, would thus be brought prominently before the practitioner; and we should hear less of the stupid dogmatisms from time to time put forth by men of limited experience, and still more limited powers of reasoning, as to their own infallible modes of treating febrile diseases now by bleeding, now by purges; and, with more modest theories, and more cautious practice, we doubt not but that the results of treatment at the commencement of an epidemic would be far more satisfactory.

REMARKS ON DILATATION OF THE BRONCHI AND AIR-CELLS.

By G. Calvert Holland, Esq., M.D.,
Physician-Extraordinary to the Sheffield General Infirmary.

A gentleman (J. S. Waterhouse, Esq.), in treating of the pathology of the grinders' disease, in this Journal (No. 155), has endeavoured to expose what he conceives to be the fallacy of our views, in accounting for the dilatation of the bronchi and air-cells. We had remarked* that "the violent and full expirations occasioned by coughing are, of course, immediately followed by inspirations correspondingly ample, by which the air is introduced in large quantities into the lungs. When ten times the amount of air, not only in individual acts, but in a given time, enters the lungs, these organs are expanded in a correspondingly increased proportion; the air-tubes and cells are under the necessity of doing ten times the amount of functional duty; and it is a law in the animal system, that the *development* or *enlargement* of an organic apparatus is according to the exercise of it. We know of no exception, nor can we imagine one." In objection to these views, he observes, "This is certainly a law of universal operation, but it must have a sound and proper application. It is one thing for organic structure to develop from increased action, *but an increment of space is another thing.* This law refers *only* to structure, and, in its operation, only to the development of structure."

We hail with pleasure the exertions of a fellow laborer in this path, and one whose industry and talents give him a just claim on the consideration of the public. In his strictures he has not clearly apprehended our views, and much of what he advances is entirely hypothetical. In reference to this law, we make use of two terms—*development* or *enlargement*—in order to include two organic conditions, which may either exist apart or in combination—the increase of an organ from the activity of nutrition, as the muscles by exercise; the enlarged capacity of an organ, as the stomach, the bladder, an artery, or a vein, without being necessarily accompanied by an obvious thickening or attenuation of parietal structure. An increment of *space* is taken into consideration in our views, and so far from being excluded from the law, which is stated, it affords a remarkable illustration of its truth. He admits the universality of the the law, but says, "It must have a sound and proper application."

We must be allowed to express our astonishment on being told that an *increment* of space cannot be embraced by this law. The opinion is certainly original. We had previously imagined that, when the principal artery of a limb is tied, the subordinate arteries take upon themselves additional action, in consequence of which they acquire a capacity several times greater than what is natural; that a vein, in cases of long-continued congestion of the venous system, has its capacity considerably increased; that the bladder in individuals who, from peculiar circumstances, frequently neglect the first suggestions of nature, has its capacity also permanently enlarged; that the stomach in gross feeders, and in persons whose pursuits, from the position of the body, interrupt or long retard the process of digestion, presents generally the same condition; and, lastly, that the heart, from inordinate action, is, in numerous instances, not only enlarged by the addition of new matter, but its several cavities likewise acquire additional capacity—in other words, exhibit an *increment* of space; indeed, this increment of space is the remarkable condition in passive aneurysm of the heart. He further says that the "law refers *only** to structure, and, in its operation, only to the development of structure." We presume that an *increment* of space must always arise from the modification of structure, and, therefore, he remarks truly that the law "refers to structure." The law was not intended to refer to spirit, but to organised matter in its diversified conditions. One *function* of the bladder is to retain the urine, but if repeatedly necessitated to retain more than what is natural, and for a longer period than is agreeable, the capacity of this organ is greatly increased; is not this *increment* of space evidence of the law which has been laid down—viz., an enlargement of an organ from additional functional duty? An increment of space, so far from *not* being embraced by this law, is generally observed in the structural development of *containing* organs. It is not an invariable result, but it is the rule rather than the exception. Why an increment of space should occasionally take place in the heart, the bladder, or the stomach, without being accompanied by a *corresponding* development of parietal structure, is not easy satisfactorily to explain. We may assign plausible reasons. An increment of space, without this condition, is no evidence, however, that the organ which exhibits it has not been called upon to perform additional functional duty of some kind.

The writer has evidently had his attention concentrated on the development of organs, from an activity of nutrition, as in purely muscular structures; hence the strangeness of the doctrine which he advocates. The law of increase, from undue action, is not to be circumscribed by this condition, and, in imagining such to be the case, he has clearly overlooked the comprehensive character of the law. He is right in saying that this "must have a sound and proper application;" but we have yet to learn that an incre-

* In a paper in the London and Edinburgh Monthly Journal of Medical Science, for June, 1843.

* His own italics.

ment of space, in *containing* organs, is no evidence of previous activity, or indeed, that it is not, as a rule, the consequence of such activity, especially when it occurs in the bronchial tubes and air-cells. If he had had an enlarged and just conception of the universality of the law, and of the numerous modifications which it embraces, illustrating its wide application, a higher spirit of philosophy would have pervaded his strictures.

In the following extract from his article we have some observations not unworthy of comment, and intended to show the fallacy of our views :—

"It is true that the bronchial tube does dilate from increased action, but not from increased action of the tube; indeed, the air-tube becomes more than usually a passive agent. The air-tubes are dilated from the increased quantity of air that is brought into the lungs, also into particular parts of the lungs. But before even this can operate, other conditions are required. There are two classes of tissues—the muscular and non-muscular. It is the inflammation of these that is the *primary* cause of the dilatation. In the case of the non-muscular, from continued irritation, there is a loss of *elasticity*, and the tube is exposed to the distending influence of the air; and in the instance of the muscular, there is a loss of *tonicity* of the part, followed by *innervation* and *paralysis*, similar to that of the intestine in ileus. We can thus account for the difficulty of expectoration, the contractile power being gone, also the dyspnœa—one very important adjunct in expiration being lost."

He remarks that the dilatation of the bronchial tube does not arise from the increased action of it. We agree with him; the supposition is an absurdity. To imagine the tube acting, and independently of all influence exercised by the air inspired or expired, and to acquire an *increment* of space, is an impossibility. Neither the heart nor any part of the arterial system, is dilated by its own activity; the activity is always conjoined with another circumstance — the blood; and when the heart, or any given artery, loses its tone, or when the force exerted on the parietes from *within* is great, the subsequent dilatation is the consequence of this force. So it is precisely with the bronchial tubes, with this difference, that the additional circumstance is air, and not blood. He evidently charges us with a doctrine which cannot belong to this age, and it would be unjust to refer it to the last. We are informed that before dilatation of the bronchial tubes can take place, other conditions are required, such as "inflammation, which is the primary cause of it;" and besides, according to his view, we have, in "the non-muscular tissue," a "loss of *elasticity* from irritation," and in the muscular, a "loss of *tonicity* from *innervation*." These distinctions are pure assumptions on the part of the writer. The muscular tissue does not usually lose its nervous energy from excited action. It generally gains; and when inflammation exists in an organ that is unduly exercised, the nervous energy is always increased. In some of the advanced stages of the grinders' disease, presenting unequivocal symptoms of dilatation of the bronchi and of the vesicular structure of the lungs, the expectoration is often exceedingly copious. We cannot imagine that the morbid condition of the mucous membrane, which pours out such secretion, or the muscular tissue with which it is in juxtaposition, is in a state of *innervation*. Our doctrine is, that the nervous energy, as well as the blood, flows in the direction of diseased organs, according to the activity or expenditure of their vital powers. The almost constantly distressing cough, the hurried and difficult breathing, the inflammation which frequently exists in different parts of the lungs, and the occasionally copious expectoration, are not conditions which we should expect to be associated with innervation of the organs implicated. We can imagine innervation where the vital action of parts is greatly diminished, but not where an aggravated morbid action is gradually inducing disorganisation of important structures, as in the progress of disease of the lungs. When the writer has established, as he conceives, a loss of elasticity, tonicity, and nervous energy in the air-tubes, brought them, in fact, into a *paralytic* condition, "similar to that of the intestine in ileus," he says they are "then exposed to the distending influence of the air," and an *increment* of space is the result. There is no occasion to make these organs paralytic, in order to cause or explain such effect. The artery, the vein, the stomach, or the bladder, does not become paralytic before it admits of an *increment* of space.

He endeavours to illustrate the condition of the air-tubes in this disease by stating that they are affected with paralysis, "*similar to that of the intestine in ileus.*" We are aware that it is usual to attempt to explain what is obscure, or difficult of clear apprehension, by reference to matters which cannot admit of misconception, and in this consists the great value of analogical illustrations. We must confess, however, our inability to perceive the slightest analogy, even on the views of the writer, between the condition of the air-tubes and that of the intestine in ileus. These tubes, even if paralysed, are inevitably modified in form by every act of respiration. In inspiration they are expanded; in expiration they are contracted by the subsidence of the lungs. If the expirations are violent, as in a fit of coughing, the pressure on these tubes, from *without inwards*, is proportionably increased; and in the succeeding inspirations, the pressure from *within outwards* is also proportionally augmented. It is scarcely possible to imagine any change in the structure of these tubes that would prevent them being so influenced by the two acts of respiration. To throw light upon the condition of these tubes, under such circumstances, the writer remarks, that they are paralysed like "the intestine in ileus," which we presume is regarded as in a state of distension. To say that the air-tubes, modified in capacity by every act of respiration, are analogous in their condition to the distended intestine, is to compare things so much unlike, we half suspect that some fine stroke of wit is intended to be conveyed by the comparison, for wit has been defined the discovery of analogies between the qualities of objects which have no obvious similitude, until pointed out by the mind of quick perceptions. We candidly admit that we neither see the force of the illustration, nor do we feel the poignancy of the wit.

He contends that the dilatation of the air-tubes is to be ascribed to inflammation of their muscular and

non-muscular tissues, and that this is an indispensable condition, inducing a loss of *elasticity*, *tonicity*, and *nervous energy*. The dilatation of these tubes, and of the vesicular structure of the lungs, does not require such conditions. In the horse it is frequently produced by hard riding and severe exercise, without having been preceded by any indications of inflammatory action, or the other supposed necessary changes. It is, also, frequently caused, in the same animal, by the vicious habit of crib-biting, which is known to consist in a sucking in of the air, by which the bronchi and the air-cells are permanently dilated, the animal becoming what is commonly called *broken-winded*. As we have already remarked, there is no occasion to imagine the bronchial tubes to be in a paralytic state, to account for the dilatation of them. The vitality with which they are endowed is not unfavorable to the production of an *increment* of space; it is this vitality, indeed, which allows *containing* organs to accommodate themselves, temporarily as well as permanently, to many peculiar circumstances. This increment of space is not, in the bronchial tubes, associated with a proportionate attenuation of their parietal structure; but, on the contrary, this structure is often thickened, especially in the minute subdivisions of these tubes, and such effect demands increased vitality of the parts, and not a paralytic condition of them.

The distressing cough, with which many of the grinders are afflicted, necessarily disturbs the ordinary functions of respiration. A series of violent expirations, by which the air in the chest is diminished to the greatest possible extent, is succeeded by full inspirations, causing deep heavings of the whole thorax; and it can scarcely be a matter of surprise that these irregularities, in the admission and expulsion of air, should at length cause serious structural changes in the bronchial tubes and air-cells. It will not be denied that these tubes and cells undergo some change at every admission and expulsion of air, in the ordinary process of respiration. When this, however, is disturbed, which it is, in the highest possible degree, by the distressing cough of the grinder,—a cough against which the constitution, in numerous cases, struggles for years—the tubes and air-cells will clearly be called upon to perform a greatly increased amount of functional duty, connected with the reception and expulsion of air; and we should expect some structural modifications as the result. How far the result may be produced by the violent efforts which expel the air, as the subsequent efforts of inspiration, which keep up, for a considerable time after every severe fit of coughing, a manifest *distension* of the chest, we do not presume to say. We can imagine the co-operation of both causes in the production of the structural changes.

We regret that the remarks of the writer, in reference to our views, show that he has not given them much attention; and we equally regret the tendency, which he displays, to assume facts, and the dogmatism with which he reasons upon them. Inflammation, elasticity, tonicity, and innervation, are very useful terms, in the explanation of phenomena; but "a sound and proper application" of them demands peculiar qualifications.

CASE
OF
PURPURA HÆMORRHAGICA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The following account of a case of purpura may probably be acceptable to some of your readers.

I remain, Gentlemen,
Yours obediently,
T. H. Starr, M.D.

Kettering, Northamptonshire, Sept. 2, 1843.

Henry Corbett, a youth, aged nineteen years, applied to me on the 26th of June last, laboring under the following symptoms:—The gums were turgid and their surface seemed, as it were, lacerated, presenting a spongy appearance, and resembling more than anything else the broken crassamentum of venous blood; a sense of extreme and unremitting nausea, with frequent vomiting of bloody fluid from the stomach; great depression and lassitude of mind and body, with considerable oppression about the epigastrium and both hypochondria; the urine was not sanguineous, but it deposited an abundant pinky sediment. Not having hitherto made use of the alkalescent saline treatment in cases of this kind, I hesitated in so doing without first of all resorting to the older principles of practice—viz., by means of acids and other astringents, &c., exhibited with a view to curb the hæmorrhagic disposition. I ordered the subsequent mixture:—

Infusion of roses, six ounces;
Alum, one drachm;
Sulphate of magnesia, three drachms;
Dilute sulphuric acid, two drachms;
Compound camphor tincture, one ounce and a half.
A sixth part every four hours.

I advised the medicine to be taken in combination with some *eau sucrée*.

This plan was persisted in for two days, at the close of which I found the gums in the same condition as when I first saw them; indeed, the only sign of improvement consisted in a partial abatement of the distressing nausea. The bowels were now moderately open; the stools still melænic. In addition to the earlier symptoms I found purple spots of various sizes numerously scattered over the trunk of the body, as well as the extremities; indeed, the disease assumed the complete characteristics of purpura hæmorrhagica. I now resolved to employ alkalescent salines as the basis of the remedies I was about to adopt, and had recourse to the following formula:—

Sesquicarbonate of soda, half a drachm;
Chlorate of potass, six grains;
Camphor mixture, one ounce;
Spirit of nitrous æther, twenty drops;
Tincture of hops and compound camphor tincture, of each one drachm. To be taken in effervescence, with eighteen grains of citric acid, every four hours.

This altered method of management proved instantly beneficial, and the amendment steadily advanced until in the course of a week every leading symptom had vanished. The gums had recovered their integrity, the nausea had subsided, the dejections had regained

a natural color and consistence, and the skin had changed its spots. With a view to combat the debility consequent on so severe an attack, I prescribed as follows:—

Infusion of hops, ten drachms;
Tincture of Calumba, two drachms;
Dilute hydrochloric acid and spirit of nitrous æther, of each twenty drops. A draught thrice a-day.

The other medicines to be omitted.

I ought perhaps to notice that, from the first, I permitted my patient to have a glass or two of port wine, diluted, daily, together with a plentiful allowance of meat broth, and a moderate portion of salt; I also directed him to use rice as freely as he was able.

The value of the present case arises from its tendency to illustrate, if not to confirm, the truth of the doctrines promulgated not long since by Dr. Stevens,* concerning the strikingly altered condition of the blood in some diseases—for instance, in Asiatic cholera, certain fevers, purpura, &c., more especially with reference to its saline constituents as well as the expedients necessary for restoring it to a healthier state. I am of opinion that much advantage is derived from saline medicines taken at the commencement of effervescence, inasmuch as the somewhat intense chemical changes which they undergo, whilst in direct contact with the gastric surface, must create there very considerable electrical development (the inseparable companion of chemical action under all circumstances); and this becomes a gentle excitant, which is felt throughout the nervous system, and proves particularly salutary in those disorders, such as typhoid fever, &c., where the general vital energy has been much impaired.

MR. SWEETING'S CONTINUATION OF DR. OKE'S CASE OF PARACENTESIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Many of your readers will, doubtless, recollect the interesting account published by Dr. Oke, of Southampton, of the case of Robert Gee, who had undergone the operation of paracentesis thoracis, for the evacuation of a fluid in the left cavity of the chest, the sequela of severe pleuritic inflammation.

The man, upon his discharge from the Southampton Hospital, removed to this his native village, where he has resided about two years. When I first saw him there was a small discharge from the wound, which at times healed, then gave way, allowing an exit to purulent matter, at which times could be distinctly heard the rush of air through the wound, as described by Dr. Oke, showing its communication with the lung. The poor fellow lingered in variable states till the 17th instant, when he died. He became at last very dropsical, and about a month before his death I evacuated four gallons of water from the abdomen. At this time serous fluid escaped from the wound in the chest, but soon after, and up to the close of his life, there was a copious discharge of purulent matter of the most offensive fœtor I ever encountered, except in a case of gangrene of the lungs; and through the last night of his life it poured out of his mouth and nostrils so abundantly as to lead to the supposition that a large abscess had formed in the lung.

* See Dr. Stevens' work on the Blood.

I had no opportunity of examining the body, the offensiveness of which, together with the heat of the weather, obliged his friends to bury it on the 19th.

I remain, Gentlemen,
Your obedient servant,
W. Sweeting.

Abbotsbury, September 19, 1843.

ON

SLOW POISONING WITH LEAD.

By Dr. Shipman, of Cortlandville, N. Y.

On the night of the 8th of January, 1842, I was called to the village of M'Laen, Tompkins Co., to consult with Drs. Hall and Chapman, in relation to some cases of poisoning with lead in the family of Mr. Horace Baker.

The history of the cases, as given by the physicians and family, is as follows:—About six weeks previously some new cider was poured into a wash-tub which had been newly painted with white lead and linseed oil, inside and out, and the family, consisting of the man, his wife, three or four children, from the ages of six to two years, and a hired man, began drinking it. The cider was drunk at meals, the most of it by Baker and his hired man, and the least by Mrs. B. and children. The use of it was persevered in for nearly four weeks. The family remarked that after a few days the cider had a smart, pungent flavor, then became dead and flat, and after a few days more became more lively, but rather hard. The first effects were perceived in the children, particularly a small boy who had taken quite liberally of it, and began about two weeks after first commencing its use. His mother perceived that his gait was awkward, and that he frequently tumbled down in crossing the floor, and that he staggered and complained that it hurt him to walk, and that his feet pained him, especially the bottoms of them. Soon the other children complained in a similar manner; they also complained of feeling sick at the stomach; and cutaneous eruptions made their appearance on the legs, arms, and face, of a vesicular character.

The next taken was Baker, then his man, and next Mrs. Baker; as their symptoms were nearly alike, I shall describe them in common. The first symptom was slight nausea, which continued several days, with a load at the pit of the stomach; then a soreness and tenderness of the soles of the feet when first getting out of bed in the morning, so much so as to be unable to walk without first rubbing them, and then there were pains in the limbs, which they supposed were rheumatic; cutaneous eruptions also made their appearance. The soreness in the soles of the feet disappeared in the course of the day, after taking exercise and getting warm. The next symptom was severe colic pains in the bowels, which took place several days subsequent to the affection of the feet and legs, and from four to five weeks after first commencing the use of the cider. Being now satisfied that the cider caused the difficulty, its use was abandoned, and a physician called, who treated them with bleeding, cathartics, and anodynes. The symptoms were obstinate, and continued so with little abatement for four weeks. The bowels were obstinately costive;

tongue dry, with a dark streak in the centre; abdominal muscles retracted and rigid; anorexia, with little fever, and scarcely any disturbance of the circulation. Mrs. Baker soon recovered, not having taken much of the cider, as did also the children. But Baker and Ladd, his hired man, were a long time in getting well, and even at this time are troubled with colic, and pains in the soles of the feet, with cutaneous eruptions. Venesection and anodynes, with cathartics of Epsom salts and castor oil, constituted the treatment. Alkalies and mucilages were also freely used. A hired girl, who lived in the family, and who did not use any of the cider, was the only one who escaped a fit of sickness.

The pain and soreness in the soles of the feet were peculiar, and were the first and prominent symptom in every case, and the cutaneous eruptions were also peculiar. The above is an example of the slow and gradual introduction of lead into the system, and its effects were in proportion to the quantity imbibed.

I fear that acetate of lead is not used by medical men as an internal remedy in hæmorrhages and other complaints, where it is recommended in books, with that caution which the nature of the article requires. By many it is a kind of cure-all for hæmorrhages of every kind, diarrhœa, &c. It is a remedy which may induce a worse train of evils, if used without proper precautions, than the disease for which it is prescribed. A deplorable case fell under my observation some years since, which I am induced to believe was wholly caused by the injudicious use of acetate of lead. A lady, aged about thirty-five, mother of five children, and of a good constitution, suffered abortion in the third month. The placenta was retained three or four days, and some considerable hæmorrhage followed. To restrain it, the acetate of lead was given freely every two or three hours. I was called on the fourth day, and removed the placenta, when the hæmorrhage ceased, and although she had not lost blood enough to sap the foundations of life, yet she never recovered. Complete prostration of the powers of digestion; obstinate constipation, and spasms of the bowels and abdominal muscles, with colicky pains; the gums became spongy and ulcerated; and before she died vibices and spots like purpura hæmorrhagica made their appearance. She lingered three months, and died a painful and miserable death.

The past summer a young lady, aged sixteen, of a delicate constitution and nervous temperament, had been troubled with profuse menstruation, at times amounting to menorrhagia, for many months; I had always been successful in controlling it with the persesquinitrate of iron and kino; being absent when she was taken, a young practitioner was called in, who gave her Dover's powder and acetate of lead. After taking several doses, the hæmorrhage ceased, but violent pain in the bowels came on, attended with obstinate vomiting, spasms in the arms and legs, constipation, and fever, with most exquisite tenderness of the bowels, which continued several days. Large doses of morphine and formentation to the bowels, with mercurials, finally relieved her, but she has nearly recovered her accustomed health.

In 1838 I was called to attend a lady, forty-seven years of age, who had been troubled for three years with uterine hæmorrhage, and had been taking the acetate of lead and opium for the last two or three months; the hæmorrhage had been less since the use of the remedy, but severe and constant pain in the bowels, with much tumefaction and prostration of the digestive powers, was the result; a discontinuance of the lead and a substitution of the persesquinitrate of iron, with laxatives of the syrup of rhubarb, restored her to comfortable health, and she has remained so to this time.

In an alarming hæmorrhage, where it is necessary to use prompt and efficient aid, a dose or two of the acetate, well guarded with opium, may be advisable, and is probably the best means we possess. But where the case is not urgent, I believe, from what I have witnessed, that it should not be employed.—*American Journal of Med. Sci.*, July, 1843.

*** We are fully inclined to agree with Dr. Shipman, that lead is used far more frequently and incautiously, and in much larger doses than it ought to be. During the last summer a poor woman consulted us for menorrhagia, and said that she had been lately under the care of a physician, but that she was afraid to apply to him again, as one dose of the medicine he had ordered her had taken away the use of her arms for three days. We asked to see the prescription, and were not surprised to find that it ordered two grains of acetate of lead, and a quarter of a grain of opium, every six hours.—Ed.

VILLITIS INTESTINALIS PUERPERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In your Journal of September 23rd I perceive an account of two cases, by Dr. Oke, which he terms "Villitis Intestinalis Puerpera." I am led to make the following remarks from the fact of the Doctor's statement, that he cannot find this malady accurately laid down by writers in midwifery:—

I myself lately witnessed a case at the Dublin Lying-in-Hospital precisely similar to the first of Dr. Oke's, in which the patient was seized with a rigor, followed by fever, with nausea, furred tongue, diarrhœa, a pulse of 120, and slight pain on pressure over the uterus; and I classed it under the "gastro-enteric form," so ably described by Dr. Robert Ferguson, in his learned dissertation on puerperal fever.

"This form," he says, "assumes the general characters of mild typhus, accompanied with intestinal irritation. There is either no peritoneal affection, or it is very slight or transient, so as soon to be lost in the mass of constitutional symptoms which endure during the whole of the illness. The malady rarely lasts less than seven or more than twenty days. It is ushered in by rigor, succeeded by a hot fit, which frequently, though not always, gives place to peritoneal tenderness of a mild character and short duration. From the very onset of the disease there is some marked irritation of the mucous membrane of the intestinal canal, with vomiting, nausea, or diarrhœa, in which the evacuations exhibit every kind and grade of vitiated secretion, varying in color, consistency, offensiveness, and frequency."

Dr. Butter, in 1775, described an epidemic of this kind. Douglas has a form called the "gastro-bilious," and Dr. Burns one named the "intestinal fever." They all partake of the same characters. Surely under one of these three forms Dr. Oke's cases may be classed with great propriety.

I submit, then, to Dr. Oke, that other writers have described, under different names, the malady which he terms "villitis intestinalis puerpera," *as a distinct disease occurring to the puerperal state.*

I remain, Gentlemen,
Your obedient servant,
EDGAR SHEPPARD, Surgeon.

September 30, 1843.

CASE
OF
ENCYSTED STONE.

By ROBERT STORRS, Esq., Doncaster.

Dec. 11, 1842. John Pearl, aged twenty-three, a pale, feeble, and emaciated young man, was admitted into the infirmary of the Doncaster union, about two months ago. He had been suffering from symptoms resembling those of stone from the time of his being eight years of age. He had, however, been apprenticed to a shoemaker, was married eighteen months since, and has now a child nearly six months old. About half a year ago he was a patient of the York County Hospital, when he was supposed to be laboring under disease of the bladder; from thence he was removed to this town, and after remaining in lodgings for some time was admitted into the union house with the following symptoms:—

Extreme pain in the region of the bladder, general uneasiness in the pelvis and hips, and an aching or itching pain at the glans penis. These pains are mitigated rather than increased by motion. The urine does not stop suddenly; it comes away in a tolerable stream except when the pain is more than usually severe, and is then forced away involuntarily. The urine is copious but fœtid, and contains on standing a large portion of purulent matter. Has been sounded several times, but a stone cannot be detected, nor is there anything to be discovered unusual from an examination per anum. Both of these examinations, however, give him great pain. A great variety of treatment had been employed in the York Hospital, and he left there with his symptoms somewhat abated, but since he came under my care he has derived no benefit except from hot fomentations and strong opiates.

A few days after these symptoms were noted, a large discharge of blood took place with the urine, after which he gradually sunk and died.

Dec. 2. The day following I made a post-mortem examination of the body, and the following appearances were observed:—The body was more attenuated than I think I ever observed one to be, even in consumption, and the omentum quite void of fat. The bladder was divided into two portions by a septum; the upper, which contained the fundus, and the larger part of the right half of the bladder, formed a sac, in which a stone of the triple phosphate species was contained, about an ounce in weight, and of a cylindrical shape, but which did not nearly fill the whole of the containing sac. The entire of the mucous membrane of this portion, as well as of the lower division, which alone contained the urine, was very much thickened; the whole bladder, indeed, was very much thicker than usual. The ureters were each as thick as a little finger, blueish in aspect, and containing, as well as the kidneys, which were also considerably enlarged, a large quantity of purulent matter. All the other organs, both of the chest and abdomen, were in a healthy state, except the descending colon, which was very much contracted for the space of three or four inches.

ON THE
PROPER POSITION
IN
TREATMENT OF FRACTURE OF THE FOREARM.

By JOHN CHADWICK, M.D.

A bone-setter, of great fame in this town, told me some years ago that no surgeon who followed the directions of surgical books, in setting fractures of the forearm, would have proper success in the treatment of such fractures, inasmuch as patients so treated would never afterwards be able to supinate their hands. He stated, as a reason for this, his belief that immediately after fracture of the radius the upper fragment of the bone assumes the supine posture, and that if, in setting the fracture, the lower fragment and hand be placed in a position between prone and supine, the radius must of necessity unite in a twisted state. Now, the fact is, that after many cases of fracture of the forearm, the power of supination is lost; and the loss is generally attributed, by surgical authors, to the supposed union of the bones in such a manner as to encroach on the inter-osseous space, and means are accordingly advised to press the soft parts of the limb into that space, so as to separate the two bones during the progress of the union. It appears to me that sufficient attention has not been bestowed on the circumstances in which the upper fragment of the radius is placed after it has been broken.

We must look to muscular action as the chief source of displacement in this as well as in most other fractures; and it seems that whenever the natural antagonist of a muscle is destroyed, it immediately and constantly acts up to the advantage it has gained. Thus, in oblique fractures of the thigh, the muscles, both flexors and extensors, conspire to shorten the limb; and in fractures of the leg, the strong muscles of the calf constantly tend to bend the fracture backwards, so as to make the lower end of the upper fragment of the tibia to project.

The biceps muscle, inserted into the back part of the tubercle of the radius, is the chief supinator of the hand. It is a very strong muscle, but acts at a disadvantage whilst the radius is whole, and is opposed by the weight of the hand, and by the promotor muscles; but, when the bone is fractured, the muscle becomes so situated, with regard to the upper fragment, that it acts at a great advantage in making it revolve on its axis; and if the fracture be not below the middle of the bone, it is wholly unopposed in this

action, as the first promotor muscle is inserted about the middle of the radius. It is plain, then, that the upper fragment of the radius will assume, and till the bone is united will maintain, the position of supination, and that, if we wish the patient to possess again all the motions of the hand, we must keep the lower fragment in a corresponding position during the whole process of cure. The hand, therefore, is to be placed in the supine posture, and steadily kept so till the bone is united.

From what I have seen of cases treated in the usual way, with the limb "placed in a middle state betwixt pronation and supination," and of cases where the existence of fracture of the radius had not been detected, and where the case had been treated as sprain of the wrist, I am convinced that the rotatory motion of the bones is always impaired afterwards, owing to the twisted state in which the radius unites. But if the above remarks and reasonings be correct, we can readily understand how the evils may be guarded against.

Bury, Lancashire, Sept. 28, 1843.

NOTTINGHAM LUNATIC ASYLUM.

On the 28th of September, Dr. John Calthrop Williams, one of the Physicians to the Nottingham General Hospital, was elected Physician to the Nottingham Lunatic Asylum.

LIVERPOOL INFIRMARY.

After one of the most severe contests ever known at the infirmary, on Tuesday last, Dr. Duncan was elected physician in the place of Dr. Banning, resigned; the numbers being, for Dr. Duncan, 275; for Dr. Scott, 243.

BOOKS RECEIVED.

The London Physiological Journal; or Monthly Record of Observations on Animal and Vegetable Anatomy and Physiology, chiefly made by the aid of the Microscope. Edited by S. J. Goodfellow, M.D., and Edwin J. Quekett, F.L.S. No. 1, Oct. 1843. [This journal appears intended to take the place of that very meritorious publication the "Microscopical Journal," which was discontinued after the death of Mr. Daniel Cooper. We trust that it will be well supported by the lovers of the microscope.]

Familiar Letters on Chemistry, and its relation to Commerce, Physiology, and Agriculture. By Justus Liebig, M.D. Edited by John Gardner, M.D.

The Phrenological Library, Part I.—Gall on the Functions of the Brain.

TO CORRESPONDENTS.

Subscribers are earnestly recommended to make immediate application *for numbers required to complete sets, as* 1 *to* 79 *are out of print, and in consequence of the recent large increase of the Provincial Medical Association, but few copies remain of many of the later numbers.*

Cato.—Our object was not so much to punish the offender as to stigmatise the offence, at the same time so far making known the individual to himself as to lead him to withdraw from an association of gentlemen, amongst whom he could no longer be considered entitled to remain. This he has wisely done, and consequently saved himself the unpleasant alternative which he would otherwise, without doubt, have been compelled to undergo.

B. C.—Ricord's lectures will be resumed next week.

Communications have been received from *Mr. Proctor*, *Dr. Bell Fletcher*, and *Mr. Ness.*

Mr. Storrs' paper on rare dislocations has been received. *Dr. Holmes'* paper is copied in the "American Journal of the Medical Sciences," for July, 1843, from the April No. of the "New England Quarterly Journal of Medicine and Surgery."

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PATENT PERRYIAN

GRAVITATING INKSTAND,

As Cheap as the Common Inkstand.

THIS neat and novel invention is exceedingly well adapted for general use; it preserves the Ink in great perfection for months together without the trouble of refilling it; it excludes dust, &c., and at any moment the writer is supplied with Ink in the most perfect state.

The Patentees strongly recommend it to the notice of Bankers, Merchants, Solicitors, Government Offices, Public Companies, Shops, Schools, &c., as a great improvement over the ordinary Inkstand, both as regards convenience and considerable saving of Ink. This Inkstand will be found invaluable in keeping the Ink always clear and fit for use in every climate. It is of a cylindrical form, with a gravitating action, adjusted so as to supply the Dipping Cup with Ink, which can be returned into the Cylinder when not in use. Economy, Cleanliness, and Usefulness, are secured by it, and it cannot get out of order.

TESTIMONIALS.

"We are writing at this moment by the aid of PERRY and CO.'S PATENT GRAVITATING INKSTAND, which presents a constant supply of ink for the pen; and, when closed, it excludes both air and dust—defects to which all the usual kinds of office inkstands are liable. The invention is both simple and useful."—*Morning Herald*, Dec. 3, 1842.

"Simple in construction, and not liable to get out of order."—*John Bull*, Dec. 4, 1842.

"Of the Inkstand called 'GRAVITATING' we can pronounce favorably—from experience, we can say it is admirable."—*Atlas*, 13th Dec., 1842.

Sold by all Stationers and Dealers in Metallic Pens, and at the Manufactory, 37, Red Lion-square, London.

NEW BOOKS.

Two Volumes, octavo, 34s,

LECTURES on the PRINCIPLES and PRACTICE of PHYSIC, delivered at King's College, London, by THOMAS WATSON, M.D., Fellow of the Royal College of Physicians, Physician to the Middlesex Hospital.

Post 8vo, 7s,

On SPASM, LANGUOR, PALSY, and other DISORDERS, termed NERVOUS, of the MUSCULAR SYSTEM. By JAMES ARTHUR WILSON, M.D., Fellow of the College of Physicians, and Physician to St. George's Hospital.

Post octavo, 7s 6d,

PRACTICAL REMARKS ON

GOUT, RHEUMATIC FEVER, and CHRONIC INFLAMMATION of the JOINTS; being a Croonian Lecture for 1843, delivered at the Royal College of Physicians. By R. B. TODD, M.D., F.R.S., Fellow of the College of Physicians, Physician to King's College Hospital, and Professor of Physiology in King's College, London.

Part I, 7s, of the

PHYSIOLOGICAL ANATOMY and PHYSIOLOGY of MAN; with numerous Original Illustrations. By R. B. TODD, M.D., F.R.S., and W. BOWMAN, F.R.S., of King's College, London. To be completed in Three Parts.

Second Edition, revised and enlarged, with Illustrations, price 7s 6d, of

POPULAR PHYSIOLOGY; being a Familiar Explanation of the most interesting Facts connected with the Structure and Functions of Animals, and particularly of Man. By PERCEVAL B. LORD, M.B., M.R.C.S.

Octavo, 10s 6d,

On the SANATIVE INFLUENCE of the CLIMATE of PAU, and of the MINERAL WATERS of the PYRENEES, on DISEASE. By A. TAYLOR, M.D.

With numerous Illustrations, the Second Edition, revised and much enlarged, 21s,

An INTRODUCTION to the STUDY of CHEMICAL PHILOSOPHY; being a preparatory View of the Forces which occur to the production of Chemical Phenomena. By JOHN FREDERICK DANIELL, F.R.S., Professor of Chemistry in King's College, London.

On Five large Sheets, 3s 6d,

TABLES of CHEMICAL EQUIVALENTS, WEIGHTS, MEASURES, &c. By W. T. BRANDE, F.R.S., Professor of Chemistry at the Royal Institution.

By the same Author,

1. MANUAL of CHEMISTRY; the Fifth Edition, thoroughly revised and greatly enlarged, and containing all New Facts and Discoveries in the Science. Octavo (1500 pages), with numerous Woodcuts, 35s.

2. DICTIONARY of the MATERIA MEDICA and PHARMACY. Octavo, 15s.

London: John W. Parker, West Strand.

On the 1st of November next will be Published, price 3s 6d, gilt edges, and illustrated with numerous Wood-cuts, under the Patronage and Dedicated by Special Permission to his Royal Highness Prince Albert,

GUTCH'S LITERARY AND SCIENTIFIC REGISTER and ALMANACK for 1844.—From the mass of Scientific Matter contained in its pages, it is especially recommended to the notice of Engineers, Mechanics, and Men of Science in general.

Published by E. Lumley, 56, Chancery-lane; Messrs. Simpkin and Marshall, Stationers'-court; and to be had of all Booksellers in the United Kingdom.

DR. RAMADGE ON CONSUMPTION.

In One Vol. 8vo, price 8s, the Third Edition, illustrated by coloured Plates,

CONSUMPTION CURABLE, and the Manner in which Nature, as well as Remedial Art, operates in effecting a healing process in cases of Consumption, explained and illustrated by numerous remarkable and interesting Cases. By FRANCIS H. RAMADGE, M.D., Fellow of the College of Physicians, &c.

"The Author's treatment is so simple, so accordant with physiological and pathological laws, so free from charlatanism and imaginative dreams, that I not only feel a high predilection for it, but think it worthy to be recommended to the impartial and careful examination of my professional brethren."—*Preface to the German Translation, by Dr. Hohnbaum.*

London: Longman and Co.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT, 1843-44.—The WINTER SESSION commenced on Monday, the 2nd of October, at Two o'Clock, p.m., with an Introductory Lecture by Professor Partridge.

DESCRIPTIVE AND SURGICAL ANATOMY—Richard Partridge, F.R.S.

PHYSIOLOGY, GENERAL AND MORBID ANATOMY—R. B. Todd, M.D., F.R.S.

PRACTICAL ANATOMY is Taught in the Dissecting-rooms, by Mr. J. Simon and Mr. W. Bowman, F.R.S.

CHEMISTRY—J. F. DANIELL, F.R.S., and W. A. Miller, M.B.

MATERIA MEDICA AND THERAPEUTICS—J. F. Royle, M.D., F.R.S.

MEDICINE—George Budd, M.D., F.R.S.

SURGERY—William Fergusson, F.R.S.

MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN—Robert Ferguson, M.D., and Arthur Farre, M.D., F.R.S.

COMPARATIVE ANATOMY—T. Rymer Jones, F.Z.S.

SUMMER COURSES.

BOTANY—Edward Forbes, F.L.S.

FORENSIC MEDICINE—W. A. Guy, M.B.

CHEMICAL MANIPULATION is Taught in the Laboratory, by Dr. W. A. Miller.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily at Half-past One o'Clock. Clinical Lectures are given every week by the Physicians, Dr. Budd and Dr. Todd; and by the Surgeons, Mr. Fergusson and Mr. Partridge. The Physicians' Assistant and Clinical Clerks, the House Surgeon, and Dressers, are selected by examination from the Students of the Hospital.

RESIDENCE OF STUDENTS.—A limited number of Students may be accommodated with rooms in the College, and some of the Professors receive students into their houses.

Any further information may be obtained upon application to the Dean of the Medical Department, or to the Secretary, at the College.

J. LONSDALE, Principal.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 159.] LONDON, SATURDAY, OCTOBER 14, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.
Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XIV.

June 23, 1843.

General diagnosis of chancre—Evidence derived from its origin; from its seat; from its aspect; from its progress and duration; from the effects of mercurial treatment—Fallacy of the above evidence—Effects of inoculation—This test previously experimented on by Hunter, Hernandez, &c.—Deductions from the results of inoculation—Objections to the practice of inoculation—Estimate of its real value.

GENTLEMEN,—I have never refused to admit that, in most cases of chancre, the evidence collected from the origin of a sore, its seat, aspect, duration, &c., is sufficient to satisfy the practitioner of the specific nature of the ulcer, and, in particular, to guide him in the treatment. But, in exceptional cases, the various circumstances alluded to yield no positive information, and the surgeon must consequently remain in doubt as to the nature of the sore, its possible consequences on the system, and the most proper mode of treatment, unless he resorts to inoculation. This I will endeavour to demonstrate, by showing that the diagnosis of the nature of a sore, purely founded upon its suspected origin, its seat, its aspect, &c., would be essentially imperfect, and could not empower a medical jurist to give a conscientious and well-grounded opinion.

Origin.—The belief possessed by the patient in the virtue of the person who has communicated a sore, can in no instance be taken into consideration. Nothing should satisfy the physician but an investigation of the infecting party with the speculum, and not always even that examination. Every one knows how difficult is the complete inspection of the genital organs of women; and if the medical jurist finds a chancre, may it not have been communicated to the woman since the time when she is accused of having poisoned another person? If no chancre be found, on the other hand, who can confidently assert that a chancre has not recently been treated without leaving any cicatrix? In either case, what becomes of the accuracy of the diagnosis?

Seat.—Primary syphilis is formed oftener, it is true, on the genitals than elsewhere; but it may occupy the hands, feet, or any other part of the skin. On the other hand, the organs of reproduction are, undoubtedly, subject to ulcers and sores which have nothing to do with syphilis. The seat, therefore, can never be brought forward as a certain proof of the nature of an ulcer. Thus I have observed true chancre on the finger. I accidentally inoculated myself in that manner at the hospital some years ago; axillary bubo and secondary eruption followed in due course. The unfortunate Dr. Housman's was a parallel case. Last month a patient left us cured of a chancre of the left ear; at the present instant we have in the wards several examples of chancre occurring in strange situations.

I can show you, in contrast, an excoriation and sore of the prepuce, which has been inoculated without success, and is, consequently, not a chancre. In many cases of accidental infection of the hands, for instance, the patient remains ignorant of the nature of the sore, and at a future day, interrogated on the previous occurrence of primary syphilis, unhesitatingly replies he has never had chancre. In the other instances alluded to, it is only with the very greatest difficulty that an avowal is wrung from the patient.

I conclude that neither the seat of chancre nor its origin can afford an unerring clue to its nature.

Physical Aspect.—The physical appearances, called Hunterian, are not absolute signs of the virulence of a sore. One or all of them may be absent in true chancre, or be present in simple ulcerations. Such is the difficulty of the diagnosis, founded only on inspection, that, in 1834, my excellent and learned friend, Mr. Carmichael, a highly respectable authority in syphilitic affections, examined with me the patients of my wards, wherein, you will acknowledge, there is no dearth of primary symptoms, without once finding an instance of what he calls true chancre.

Moreover, Fricke's experiments have shown that all the physical characters of chancre may be produced at will by the application of corrosive sublimate to the mucous membrane of the prepuce; and the identity between the artificial sore thus produced and genuine chancre is such that the physiological school made it one of their chief arguments to prove that no virus exists in syphilis, and that the special form of the ulcer is merely due to its seat, and to the degree of irritation of the part. I have demonstrated that the ulcers produced by the bichloride of mercury are never at any time inoculable—a negative sign, which is sufficient to separate for ever the artificial sore from primary syphilitic ulcerations.

Incubation, Progress, Duration.—Incubation I have shown not to exist in chancre, consequently it is impossible to conclude, from its supposed presence, the nature of the sore inspected. The progress or duration are not of more value.

Treatment.—Can the influence of mercurial treatment on a sore be brought forward in proof of its syphilitic nature? At one time the query would have received immediately an affirmative answer; and still, at the present day, with many persons, mercury is the

touchstone of syphilis, the unerring test from which they draw conclusions which no one must presume to discuss.

I will mention to you a case in which a sore, submitted to the test, was proved, in the physician's opinion, to be syphilitic.

A gentleman, affected with an inveterate sore of the leg, consulted the late excellent and honored Professor Boyer. The professor stated his belief that the ulcer was syphilitic, which the patient stoutly denied. M. Boyer proposed to test the ulcer by the application of mercurial ointment to *one half* of it, whilst the other half would be covered by simple cerate dressings. The patient acquiesced, and the wary professor took care to choose the upper half of the sore for his experiment, which was fully successful, to the great glory of mercury. Such facts require no comment. It is more than evident that mercury, one of the most powerful drugs of the materia medica, cures a great many disorders besides syphilis, and it is not less clear that it is altogether inert in several forms of this disease. What, then, becomes of the test? You perceive, Gentlemen, that no one physical character hitherto mentioned can be depended upon for the accurate diagnosis of chancre. Inoculation of its pus is the only unerring test; and we may, therefore, conclude the foregoing observations with the following proposition:—

Aphorism.—The essence of chancre is not in its aspect, fundus, areola, base, cause, or duration; it is entirely in its secretion.

Inoculation.—Much has been said, Gentlemen, on this subject; much abuse has been lavished on my devoted head for having dared to follow the example set by Hunter, in inoculating the secretion of chancre; but, notwithstanding the virtuous indignation of my adversaries, I still have the perversity to say that I have only one regret—it is not to have been the *inventor* of inoculation.

When I was first attached to this hospital, the most deplorable confusion reigned in all subjects connected with syphilis. Contradictory statements, opposite assertions, and diversity of theories, had produced an inextricable medley, which I conceived could only be cleared up by recurring to the experimental method, and submitting anew all litigious questions to the test of honest, unprejudiced, experimentation. Nor was I, in so doing, altogether unsupported by respectable authority.

Hunter had recorded his inoculations, which Bell found fault with, only on the ground of their not being sufficiently numerous.

Hernandez made a great number of inoculations, the object of which was to prove that gonorrhœa and chancre are not identical. His purpose was to demonstrate a favorite theory—a bad starting point for experiments; and the far-fetched and labored explanations which he enters into, to account for the production of chancre in a few instances of the inoculation of blenorrhoid discharges, show how embarrassed he was to bend facts to his preconceived notions.

Bru published sixty cases of inoculation of all sorts of venereal symptoms; in none did the experiments succeed.

Cullerier (junior) had stated that the pus of bubo can in no case be inoculated with success. I inquired confidentially from him on what grounds he had made such an extraordinary statement. His answer was, that he had not instituted any experiments himself, but that he had heard his uncle make the assertion, and had written on that simple authority.

Richond and Devergie both deny the existence of a virus, and assert they have been able to produce, by inoculation only, trifling ulcerations.

It is clear that those persons who studied this matter previously to me had been more or less governed by the desire of illustrating their own preconceived theories, and endeavoured to render experiments subservient to their purpose. When I undertook the subject, forewarned by the errors of my predecessors, I determined to proceed in a different manner, and to substitute a science *a posteriori* to a science *a priori*, by avoiding to look into facts for the demonstration of any particular notion, and drawing my conclusions only after the experiments had been left to speak for themselves.

I inoculated all the venereal symptoms I met with on the patients themselves; I examined the progress of the experiments hour by hour, and patiently awaited the result; and when a large number of inoculations combined to give my assertions the sanction of figures, I drew the following conclusions, which, to the present day, wait for a contradiction in point of fact:—

1. The pus furnished by ulcerated surfaces in primary syphilis is inoculable when the sores are in their stage of progress, or of *statu quo*.

2. The ulcers, inoculable at first, cease to be so from the time of the appearance of granulation.

3. Constitutional symptoms, in whatever shape they may be, cannot be inoculated.

Hence, the true nature of a sore can only be tested by inoculation.

Although my experiments have yielded in other hands the same results as they did in mine, as their truth and accuracy could not be contradicted, the opponents of inoculation have chosen another ground for discussion, and have accused the method of being immoral, dangerous, and unprofitable. I will examine one by one the various arguments adduced, without in the least attenuating their strength, and hope to convince you that inoculation is an advantageous, though exceptional, instrument of diagnosis, which deserves not the obloquy which has been heaped upon it.

When scientific bodies rid themselves of prejudice, that prejudice almost invariably descends to the lower orders, where it continues for a long time to blast and neutralise the most useful discoveries. The most striking illustration I can think of is, the notorious and absurd objection entertained by the working classes of society against vaccination. Every new doctrine must pay its tribute to public prejudice, and that tribute, the inoculation of chancre may be said to have amply paid.

It has been said that, in multiplying the surfaces of infection, the chances of secondary disease are increased by the operation.

In the first place, I cannot well understand how those persons who bring such an accusation against inoculation, can possibly conciliate it with their

theory that chancres are the gates opened by nature for the excretion of the poison, which will invariably produce its constitutional effects, if the chancre be rapidly healed. The persons who profess such a theory, far from opposing inoculation, ought to consider it the most favourable prophylaxis of secondary syphilis, opening, as it seems to do, as many gates as possible to the free exit of the virus. But, speaking seriously, we assert that inoculation *does not* expose patients to secondary infection, although it increases the number of primary ulcers—1st, because if cases are carefully examined, it will be found that general infection bears *no ratio whatever to the number* of previous ulcers, and that, in the majority of cases, it is to *one chancre* alone that syphilitic infection is to be attributed; 2nd, furthermore, Hunter, and others, have shown, that, during the first days of its existence, chancre is entirely in dependance on the surgeon, who can, at will, arrest its progress, and oppose his successful endeavours both to the local injury the inoculated sore might be the cause of, and to the infection which might be its consequence.

The opponents of inoculation assert, that syphilis inoculated with the lancet is far more severe than the disease resulting from sexual intercourse.

The celebrated case of the unfortunate Beaudier, who, in 1824, having inoculated himself with the secretion of a chancre, was so terrified at the sight of the primary sore he had produced as to put an end to his life, is brought forward whenever the question is mooted. Although this case has no bearing whatever on the point in question, yet it is always coupled with it, and demonstrates only one thing, the want of moral courage in the poor victim.

To support the position, cases are brought forward of surgeons who, in the discharge of the duties of their profession, inoculated their fingers with chancres, and were afterwards affected with unusually severe symptoms. It must be recollected that when, from negligence, inoculation of a finger, for instance, does occur, the sore finger is not in general attended to, the patient not being aware of the injury he has suffered, so that time is allowed for the disorder to make considerable progress before anything is done to oppose it. On the other hand, syphilis resulting from sexual intercourse is not always so benign a disease, and death is occasionally its consequence. Besides, the manner in which physicians are liable to be affected, explains why the cases of syphilis communicated during professional avocations, are made to stand out in relief, the subject of general attention. If the same persons had been so unfortunate as to be infected in the more usual manner of common mortals, much less would be said about it, even though a limb or a feature of the countenance were sacrificed to the malady.

M. Desruelles objects to inoculation, that *a form* not *a principle* is inoculated. This argument I acknowledge my incapacity to answer. Fiat lux.

It is said that the results of the operation are negative or uncertain, the ulcer which succeeds to inoculation not presenting more characteristic appearances, to those who have been unable to recognise the nature of the sore submitted at first to their inspection.

To this I answer, that the results of inoculation are negative or uncertain only when the operation has been performed imperfectly, or after the process of granulation has begun; that the primary sore presented at first to inspection may have deviated from the type from various circumstances which we have enumerated, but still preserves unaltered the property of producing, by the inoculation of its secretion, the characteristic pustule and ulcer.

Dr. Cazenave asserts that inoculation succeeds because it is performed on the already infected patient. Why then, we will ask, do not all the wounds of a patient affected with chancre become also chancrous? Besides, Luna Calderon and Hernandez have inoculated chancre to healthy persons, a practice which I most positively condemn.

Dr. Cazenave, comparing the inoculation of chancrous with vaccinal matter, says, that both proceed in the same manner: for instance, the first vaccination is followed with three days incubation, after which the pustule forms; and if a second inoculation of vaccine is made the third day after the first, this second pustule is not preceded with any incubation, but both pustules arrive to their full period at the same time. The assertion, to say the least, appears to me to deserve confirmation; but supposing it to be correct, it would prove the very contrary proposition to that which Dr. C. wishes to establish—viz., that it is the action of the vaccine virus on the whole system which occasions the more rapid evolution of the second pustule. What is the proof usually brought forward of the efficacy of vaccination?—is it not that the operation is afterwards unsuccessful on the same subject? How, then, can it be stated that the action of the virus on the system has hastened the evolution of the second inoculation, when the only proof we have of that action is the impossibility of reproducing the vaccination on the same subject?

It is further asserted that no conclusions can be drawn from inoculation of chancrous pus with the lancet, because artificial syphilis differs from the natural form of the disease as much as inoculated variola from the spontaneous eruption. We will ask what is the alleged difference between the two forms of small-pox; we know of none. Besides, our adversaries commit a capital error in comparing the *constitutional* effects of variola to the *local* symptoms of syphilis. On the other hand, the differences alleged are immaterial as regards the nature of the disease (since the artificial differs from the spontaneous variola only in its intensity, and may be explained from the physician choosing his own time for the operation, and causing it to be preceded by such form of internal treatment as he may deem capable of producing a milder form of eruption.

When the inoculation of chancre gives negative results, it is of no use; at any rate, we will add, it is productive of no injury. But the negation of syphilis acquires a considerable degree of importance, when it is recollected that all primary syphilitic symptoms are inoculable during the first week of their existence, precisely at the period when the diagnosis is most difficult.

Now, is inoculation *always* to be attempted? Certainly not. Whatever my opponents may have been pleased to state, I am the greatest adversary of the universal application of the method to *all* cases.

But when I performed my first experiments, it was a generally received doctrine that mercury should be applied to *all* cases of syphilis, an opinion which I do not personally partake of. For those physicians who still conceive that mercury is the only treatment applicable to syphilis, it is evident that they must first have a positive and incontrovertible test of the nature of all primary ulcers, and the only test of that character is, I do not hesitate to say, inoculation.

OBSERVATIONS ON SPERMATORRHŒA;

OR

THE INVOLUNTARY DISCHARGE OF THE SEMINAL FLUID.

By W. H. Ranking, M.D., Cantab,
Physician to the Suffolk General Hospital.

(For the Provincial Medical Journal.)

That important and most afflicting class of affections of the sexual organs, which is characterised by the frequent involuntary discharge of the seminal fluid, although sufficiently familiar to the majority of practitioners engaged in the large towns of this and other countries, has not met with such public notice on their parts as it should seem to demand. For this reason, and to the great detriment of society, the treatment of the effects of sexual abuse or excess, exclusive of syphilitic and blenorrhagic affections, is too generally consigned to a section of that horde of unprincipled pretenders, which the government of this country, to its shame, by tolerating continues to patronise, and from whose obscene advertisements it condescends to derive a portion of its revenue. It thus happens that a subject, fraught with the deepest interest both as regards the individual and society at large, is rarely in all its extensive details submitted to honest and scientific investigation. It is to be hoped, however, that as the eye, the ear, the teeth, have one by one been rescued from the unclean grasp of quackery, so in its turn this most wretched of all the curses which man's imprudence entails upon him, may be thought worthy the attention of the educated practitioner. He only who has been able to restore the despairing and unmanned being, whose very life is a burden to him, to the full possession of physical and mental vigor, can form an estimate of the lasting gratitude with which a medical man may sometimes be regarded by his patient; and truly, whether gratitude alone content him, or whether his soul long for more substantial recompense, he will never regret the having paid attention to this neglected subject.

If a person after the age of puberty, and more especially if he have previously indulged in regular sexual intercourse, be from any cause induced to lead a life of perfect continence, he will experience involuntary emissions during sleep in greater or less frequency. The secretion of semen being continuous, and not, as is by some believed, incidental upon erotic excitement, nature adopts this mode of disembarrassing the system of a product which is not got rid of in sexual intercourse. Emissions, therefore, occurring under such circumstances in robust individuals, so far from being injurious, must be regarded as a salutary provision.

These nocturnal emissions, however, though beneficial, or at least harmless, at first, may, if the continence be prolonged, be, by an acquired habitude of the parts concerned, repeated to an extent which becomes positively injurious, and, as in the case of other habitual discharges, then produce inconveniences proportionate to their frequency, and the original constitution of the individual.

But the cases in which spermatorrhœa is consequent upon prolonged continence are comparatively rare. The involuntary emissions which occur in such abundance as to constitute a really morbid phenomenon, are usually to be traced to one or other of the causes hereafter to be mentioned.

Symptoms.—From the almost insurmountable disinclination to speak of their ailments, which is generally observed in the unhappy subjects of this complaint, it is difficult to procure a complete account of its origin. The history of a case of seminal pollution will, however, be found to be somewhat as follows:—After a greater or less amount of abuse of the genital organs, either natural or unnatural, the individual makes the discovery that he has become infested with seminal emissions during sleep. The emissions at first are accompanied by erection, but soon occur with diminished rigidity of the penis. If he at this time indulge in sexual intercourse, he experiences more than usual difficulty in consummating the act, he is frequently disappointed altogether, or, if not, erection is incomplete, and ejaculation more than ordinarily precipitate, and, as some patients have informed me, even painful, rather than accompanied by the usual sensations.

As the disease advances, the nocturnal emissions increase in frequence and abundance, at length occurring without either erection or pleasurable sensation; in fact, the patient is often only made conscious of them by the sense of feebleness upon waking, and by the marks upon his linen. In sexual intercourse ejaculation becomes more and more hurried, till at length mere contact with, or even sight of, the female will induce it, and complete impotence is thus established. The pernicious effects of these discharges upon the genital economy is soon evidenced. The mind becomes enfeebled and incapable of protracted attention, the memory fallacious and uncertain, and the patient feels that he is no longer fitted for his usual avocations. His disposition undergoes an equal change; he becomes morose and suspicious, fond of solitude, lachrymose upon trivial occasions, and exhibits those apparently causeless contrarieties of temper which are commonly received as evidences of hypochondriasis or eccentricity. Cerebral and thoracic symptoms—as giddiness, noises in the ears, palpitation, and cough—present themselves in greater or less intensity; the body gradually emaciates, especially about the lower extremities; the aspect becomes dejected; the patient seldom raises his eyes to the person he addresses, as if conscious that the expression of his countenance would reveal his wretched condition; digestion is impaired, and accompanied by pain and flatulence; the bowels are almost invariably costive—indeed, I know of no other disease, short of mechanical obstruction, in which they so obstinately resist the most powerful cathartics. That this state of the bowels is intimately connected with the emissions is shown by the fact that, upon the suspension of the latter, the bowels at once resume

their normal action. A case has lately come under my notice in which the bowels resisted two minim doses of croton oil, but acted spontaneously and regularly after the cure of the emissions by cauterisation of the urethra. The urine is passed frequently —three or four times, perhaps, during the night; the aspect of the genitals is generally, though not always, enfeebled. I have seen the most complete impotence coexist with genital organs of large size and vigorous appearance, but usually the penis is flaccid and without elasticity, and the scrotum pendulous and destitute of rugæ.

After the lapse of a certain time, if the disease progresses, the nocturnal emissions cease, and the patient is buoyed up with the hope that his ailments are removed. His increasing feebleness, however, soon proves that his hopes are without foundation. If, at this time, the patient's attention is directed to it, it will be found that an alteration has taken place in the character of his urine. It has become turbid, and nauseous to the smell. The turbidity is not, as in chronic affections of the bladder, persistent throughout the entire act of micturition, but appears chiefly towards the end, the urine being passed clear at the commencement. In other cases the seminal fluid is not emitted till the bladder is emptied, when a glutinous fluid is observed to accompany the last few drops of urine. The evacuation of the bowels is accompanied by the same discharge, so that, in fact, there is a daily draining away of the seminal secretion.

The case is now complete, and in that condition which, until Lallemand directed our attention to it, was utterly misunderstood. The medical attendant being misled by the fact of the absence of nocturnal pollution, was invariably in such instances occupied by those more prominent features of the case, which he considered as cerebral, gastric, or cardiac disease, accordingly as one or other organ happened to take the lead in the symptomatology.

This is doubtless the description of an extreme case. The majority present themselves, while the emissions are nocturnal, before, in fact, the disease has assumed its worst aspect; but it is of importance to be aware that the semen may pass away with the urine, and that it is not to be concluded in a suspicious case that spermatorrhœa does not exist, because a nocturnal emission has not occurred for a long time. The tendency of every case of morbid nocturnal pollution, if unchecked, is to become diurnal; the nocturnal emissions cease for the plain reason that the semen is removed continuously in the evacuation of the bladder and rectum.

Pathology—Morbid Anatomy.—We shall now proceed to notice the pathological appearances which have been observed in fatal cases of spermatorrhœa. When it is considered how great is the difficulty of recognising seminal pollutions after they have become diurnal, as is generally, if not invariably the case, before they induce the death of the patient, and also how numerous are the instances among fatal cases in which the causes of the more prominent symptoms referable to the head or abdominal viscera are all that are looked for, the real nature of the disease having been entirely overlooked, we shall not be surprised that few records are to be found of the essential anatomy of spermatorrhœa. The doctrine most in vogue concerning the pathology of the affection is that it depends upon an atonic condition of the seminal apparatus, and the treatment has, therefore, consisted of attempts to strengthen the system by local and general tonics and stimulants. The frequent failure, however, of the means calculated to effect this end, and the not uncommon aggravation of the mischief under the use of iron and similar remedies, must convince us that in many cases the pathology is misunderstood. On this point, as well as in the treatment of the complaint, we are much indebted to Lallemand.* The morbid anatomy, as given by him, displays the following lesions :—

1. In the seminal ducts.—Dilatation of the orifices, with erosion or ulceration; the ducts themselves dilated, and, as it were, dissected out by suppuration of the prostate; in some cases they have been found to be cartilaginous or even ossified.

2. Vesiculæ seminales.—In some cases filled with pus, in others with tubercular matter—mixed with ill elaborated semen ; their lining membrane has been found dark, ulcerated, or sloughy.

3. Vasa deferentia.—These vessels have exhibited tortuosity and irregular dilatation into pouches and intervening structures.

4. Testicles.—These organs are usually soft and white, and more or less diminished in size.

From a consideration of these changes, taken in connection with the symptoms, it is clear that the proximate cause of the disease is chronic inflammation, or, at least, irritation of the whole track of the seminal apparatus, but more especially of that part of it situated near the prostatic portion of the urethra. Had we not direct proof of this in the ulceration, &c., of the parts, the analogy of the same state of other organs would be sufficient to direct us to a correct opinion. The effect of chronic inflammation of mucous tissues is to excite in them a mixed state of functional debility and irritability, or increased sensibility to ordinary stimuli. We see this in the stomach and bowels, but more frequently in the bladder, either of which organs, in a state of chronic inflammation, become impatient of and reject a small quantity of their contents, of the presence of which, in their ordinary healthy condition, they would not be sensible. Precisely the same train of circumstances is observed in that condition of the prostatic portion of the urethra and the neighbouring parts, upon which the disease in question depends. The parts concerned in ejaculation are morbidly irritable ; the vesiculæ seminales contract upon the smallest quantity of semen, and are induced to the discharge of it upon the slightest irritation; and thus follows, in the first instance, precipitate ejaculation in coitus, and eventually pollutions, with their invariable concomitant, a greater or less degree of impotence. I think, from these circumstances, it is fair to conclude, with Lallemand, that spermatorrhœa has, in the majority of cases, for its essential lesion chronic inflammation of the organs concerned in formation, conveyance, and expulsion of the seminal fluid.

There is, however, a form of the complaint which is produced solely by debility of the parts. This form is generally to be traced to congenital causes, and comes on, in many cases, without the least suspicion

* Des Pertes Seminales Involontaires. Paris, 1839.

of excess or abuse on the part of the patient. I shall hereafter speak of the characters by which this form is to be recognised. The treatment is comparatively simple.

Causes.—It has been the custom with most writers, from the time of Hippocrates downwards, to attribute seminal pollutions in all cases to previous abuse of the sexual functions. More recent investigations have determined that, although such indulgence is the more common cause, there are other circumstances capable of producing the disease, independently of any blame on the part of the patient.

It is well known that some individuals support with impunity a degree of sexual irregularity, which inevitably plunges another into the miserable condition in question. We must, therefore, admit, in the case of spermatorrhœa as well as in other diseases, the existence of predisposition. This predisposition is to be found in a congenitally feeble state of genital organs, rendering them early susceptible of injury from over excitement. Lallemand, who has paid considerable attention to this branch of the subject, remarks, that sexual feebleness is indicated by congenital phymosis, varicocele, and incontinence of urine. Of the first, phymosis, he has given several cases in which the disease was established without either abuse or excess of the sexual power. Incontinence of urine during childhood, according to the same author, is of the worst augury for the subsequent vigor of the genital organs, especially when it persists during the day, and continues until puberty. In the greater number of patients of this class, whose cases are detailed by him, nocturnal emissions occurred from the very commencement of puberty, and without any appreciable exciting cause; moreover, the slightest circumstances sufficed to invest them with the character of great severity, and they were speedily replaced by the most obstinate diurnal losses.

The exciting causes of spermatorrhœa are now known to be far more numerous than was formerly supposed. The most common cause is, doubtless, the exaggerated excitement of the organs, either in a natural or unnatural manner, but more especially the latter. The next in importance is gonorrhœal inflammation of the urethra. The disease may likewise be induced by affections of the rectum, the presence of sebaceous matter under the prepuce, and perhaps by continence. I shall notice each of these causes separately.

The cases in which spermatorrhœa is induced by venereal excesses solely I believe to be rare. The organs will sustain a great amount of natural excitement without permanent injury. Where such instances do occur, it has, according to my experience, been in the cases of young married men. In those individuals who have indulged in promiscuous intercourse to an unusual extent, there are generally the concomitant circumstances of intemperance, late hours, gonorrhœal affections, and other incidents in the life of a debauchee, by which it is rendered difficult to determine to what degree the mischief is to be ascribed to the sexual excess. But in the unnatural abuse of the genital organs we have the most common cause of the disease, and one which there can be no difficulty in allowing. This cause existed in the great majority of the cases reported by Lallemand, either alone or combined with others; and in twenty-four cases out of thirty-three treated by Mr. Phillips,* it was plainly avowed. So common do I believe the vice of masturbation to be in the present day, that I do not hesitate to accuse every case of seminal pollution of addiction to the practice.

Blenorrhagic affections are the next most frequent exciting causes of spermatorrhœa. We should be led to anticipate the effect of urethral inflammations in the production of the malady from the close anatomical connection between the urinary and spermatic apparatus. We find accordingly that gonorrhœa, and its consequences, stricture, enlarged prostate, &c., are frequent precursors of the disease. Lallemand has particularly noticed the great effect of stricture of the urethra in inducing seminal discharges. He expresses himself thus:—"Depuis lors j'ai eu de nombreuses occasions de me convaincre que les pollutions diurnes etaient encore plus frequentes, a la suite des retrecissemens de l'uretre, que je ne l'avais pensè moi-même. Dans bien des necropsies j'ai rencontrè a la suite des retrecissemens anciens, les vesicules seminales, les canaux deferens, les testicules, et même leurs enveloppes aussi malades que la vessie, le ureteres et les reins."

Pollutions are likewise attributed to causes having their origin in the rectum, as constipation and the presence of ascarides. In the former case it is probable that the effect has been often mistaken for the cause, since, as has already been remarked, an obstinate state of the bowels is a very constant symptom of the disease in question. It may, however, be readily supposed that if the vesiculæ seminales be already in an irritable condition, the passage of hardened fæces may induce their contraction, or expel their contents by simple compression. Lallemand believes that hæmorrhoids, fissure of the anus, and stricture of the rectum produce seminal emissions—namely, by inducing constipation. It appears to me, however, much more likely that the chronic inflammation which always exists in those instances has extended by continuity of structure to the seminal apparatus, as is the case in inflammatory affections of the urethra. Be this as it may, the presence of ascarides in the rectum appears to have a direct influence in producing and maintaining seminal emissions, as in many cases the expulsion of the worms is the only thing necessary to effect a cure of the disease. Every one who has seen a moderate share of the diseases of children must be aware of the influence exercised over the genital organs even in them, by the presence of the worms in the rectum. Frequent erection of the penis, even in very young children, so often coexists with these animals, as to be considered in the relation of cause and effect by mothers and nurses. It is not surprising, therefore, that an agent so powerful before puberty, should after that period be productive of the worst effects. There is one peculiarity about the seminal emissions arising from this cause, which deserves to be noticed, and which may even be considered diagnostic of its operation. It is the obstinate character of the erections which accompany the pollutions, and which even persist for some time after the occurrence of the ejaculation. This is not observed

* Observations on Seminal and other Discharges from the Urethra, by B. Phillips, F.R.S., Med. Gazette, May, 1843.

in pollutions from other causes; on the contrary, the vigor of erection diminishes pari passu with the severity of the complaint, and eventually disappears altogether.

Among the occasional causes of this complaint may be mentioned the presence of sebaceous matter between the glands and prepuce, and absolute continence. The operation of the sebaceous matter is probably indirect. By keeping up a constant irritation of the part, it leads in those who have not been forewarned of the danger to the practice of Onanism, to which in reality the malady is to be attributed.

Absolute and prolonged continence is supposed by Lallemand to be sooner or later followed by spermatorrhœa and impotence, in all cases; and he gives numerous consultations by Romanist clergymen in confirmation of his opinion. He states that in these cases the nocturnal emissions, which in the first instance relieve the system of the seminal secretion, become by a species of habit frequently repeated, and eventually are replaced by diurnal losses. It appears to me that Lallemand, in the ardor of his investigations into a malady for the elucidation of which he has done so much, has been guilty of unconscious exaggeration in attributing the actual, or, as it more frequently is, the imagined, impotence of persons who have long led a chaste life, to the presence of diurnal seminal discharges. My experience leads me to the conclusion that "impuissance" of such individuals is due to a want of muscular power—a kind of semi-paralysis, in fact, of the erector muscles—rather than to the absence of seminal fluid. The genital organs, as may naturally be suspected, like other muscular organs, deteriorate in power from disuse; and as the deltoid, if it were to remain perfectly inactive for a given time, would shrink in volume and diminish in power, so will also the erectores penis and the other muscles necessary to keep the organ in a state of rigidity. Actual experience, moreover, will convince us that such is the fact. Every one must be aware how imperfect are the first acts of intercourse, even if there be no mental disquietude in the case, where access to the other sex has been long suspended, and how the perfection of the act is advanced by its repetition.

The *modus operandi* of these different causes is next to be considered. It is scarcely necessary to point out in what way excessive coitus and masturbation induce chronic inflammation of the spermatic apparatus; suffice it to say that all organs in which mucous membrane is largely distributed, if frequently stimulated, are liable to a condition of chronic hyperæmia. The effect of blenorrhagic affections is still more obvious. The whole urethra is, in them, more or less in a state of inflammation, which, when long continued or frequently repeated, leaves the orifices and canals of the excretory ducts in the condition which we have seen to belong to the disease in question.

Phymosis acts by producing external inflammation of the glans, which is propagated up the canal of the urethra. The presence of sebaceous matter operates in the same way, or by inducing the habit of masturbation. The diseases of the rectum, which are occasional causes of emissions, I believe to operate through the extension of the inflammation, by contiguity of structure, and not, as Lallemand imagines, by inducing constipation.

[*To be continued.*]

CASE
OF
SEVERE FRACTURE OF THE RIBS,
WITH
EXTENSIVE EMPHYSEMA.

By George Norman, Esq.,
Senior Surgeon to the Bath United Hospital.

[*Read at a Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association.*]

I was induced to read the following case of severe fracture of the ribs, and of extensive emphysema, which occurred under my care at the Bath United Hospital, at the meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, on the 28th of September, because a practice was pursued which, although recommended many years ago by Mr. John Bell, and before by Mr. Hewson, surgical authors have not spoken decidedly of since, nor has the practice, so far as I know, been generally resorted to.

John Mills, aged forty-five, a carter, was brought into the hospital on the 26th of April last, about ten in the forenoon, having received a severe injury of the chest. He stated to Mr. Cannon, the house-surgeon, who saw him on his admission, that, whilst adjusting the harness, the horse he was driving with a cart took fright, and started away; that, in endeavouring to stop him, he was forced between a wall and one of the shafts of the cart, and the end of the shaft was pressed forcibly between his back bone and his left shoulder. As soon as he was extricated from this position he was brought to the hospital.

Mr. Cannon found, on examination, a large emphysematous tumor over the fifth, sixth, and seventh ribs, on the left side, between the posterior costa of the scapula and the vertebræ, which rose and fell alternately at each inspiration and expiration. There was also emphysema over the whole of the left side as low as the os ileum. He found that the ribs were broken and depressed, so that his finger could be pressed into the cavity of the chest, but there was no external wound. The man's breathing was hurried, and very laborious; his pulse very small and weak, under 60. The man, after trying every position, requested to be placed on his face, in which position he said that he felt less distress in breathing.

About twelve o'clock I first saw him; he was then lying on his face, and his body somewhat raised on his arms. He was breathing with the utmost difficulty, his pulse very weak, and his extremities cold; both sides of the chest expanded in breathing, but the left less than the right. Considering that the difficulty of breathing arose in a great measure because the air which escaped from the wounded lung distended the pleura, and impeded the action of the lung of the opposite side, I made an incision through the integuments, over the fractured ribs, through the intercostal muscles and the pleura; a considerable quantity of air escaped, and the emphysema began to subside.

On passing the fingers into the chest, three of the ribs were found broken and driven inwards; one was projecting into the chest at right angles. At every inspiration the lung was driven against it, and air was heard escaping from the aperture in the lungs.

An attempt was made to remove the projecting portion of the fractured rib, but it was not sufficiently detached to admit of its removal; by relieving the left arm from supporting the body, and by drawing it backwards, the end of the rib came more nearly to its position. By this time his breathing had become much more easy, and he was placed on his back, soon after which a discharge of frothy blood took place from the wound in such quantity that it passed though the bed to the floor; it was considered to be not less than twenty ounces; his breathing was still more improved after this, his pulse rose to 70, and his extremities became warm. He remained about two hours in this improved state, when a discharge of blood took place from the wound to as great an amount as before, which greatly exhausted him. He became restless, and desired to be again placed on his face. By the evening he had again recovered; his pulse was tolerably strong, and 78; he breathed with very little difficulty; the left lung appeared to be collapsed, as there was no motion of the left side of the chest in breathing; there was no longer any air in the cellular tissue.

He passed a quiet night, but without sleep. When seen in the morning (the 27th), his breathing was more difficult, but his pulse not more than 70; he was lying on his face; he was turned over on his back, when full a pint of bloody discharge ran out from the wound; his breathing was soon after much relieved, and there was some motion of the left side of the chest, but his respiration appeared to be principally performed by the descent of the diaphragm. In the evening he was free from pain; the pulse 70, and his breathing easy; the respiratory murmur was distinct over the whole of the right side of the chest, but not the slightest could be heard on the left side; on percussion both sides sounded alike; it was therefore supposed that the left lung was collapsed, and that side of the chest filled with air admitted by the wound.

April 28. He had passed a quiet night, with some leep; the pulse and breathing much as yesterday. He was turned on his back, and continued there during the day, but no discharge took place from the wound.

29. Has slept well; is much the same as yesterday; continues to lie on his back; no discharge from the wound.

30. Is restless; pulse 96; skin hot; tongue furred; no discharge from the wound; respiration not distressed; he can lie on his back, and on the right side, but not on the left. He was bled in the arm to ten ounces. In the evening he was much better; skin cool; pulse reduced; three or four ounces of bloody serum had escaped from the wound.

May 1. Has passed a good night, and says he is quite easy; pulse 64; can lie on his back or right side, but prefers lying on his face; a slight respiratory murmur was heard in the upper part of the left lung, but none lower down.

2. Going on well, appears to breathe more with the left lung; takes beef-tea and other nourishment freely; no discharge from the wound.

4. Is better; he breathes distinctly with the left side; the upper part of the chest on that side sounds well on percussion, but not below; on auscultation, respiration is heard below the left clavicle; it becomes more feeble as you descend, and is not heard in the lower half of the left side; no discharge from the wound, which was blocked up with lymph; a probe was passed in, but no discharge followed.

6. Equally well as yesterday, excepting that his pulse had risen to 104.

7. A considerable discharge of sero-purulent fluid from the wound during the night; the pulse reduced to 63; his appetite good, but he complains of being very weak; in the evening a further discharge of the same kind of fluid from the wound.

9. Much the same, but still complaining of great depression and weakness. Ordered small doses of opium with ammonia, which relieved him.

10. A large discharge of sero-purulent matter from the wound, which he said had greatly relieved him. For several days after he was obliged to be turned round to empty the chest of fluid; this always relieved a distress of breathing which existed before it was done.

13. He walked across the ward several times. He went on well, the wound discharging every day till the 30th of May, when he was seized with a troublesome cough, quick pulse, and bloody expectoration. Eight ounces of blood taken from the arm.

31. Better; his cough much relieved; an appearance of blood in the expectoration.

June 1. His cough has entirely ceased; he is going on well; he continued to amend daily, the wound discharging a quantity of healthy pus every day.

13. The discharge from the wound continues, but in less quantity; respiration is distinctly heard in the upper part of the left side of the chest, but not lower down. He went to his home in the neighbourhood of Bath this day.

26. Appeared this day at the hospital amongst the out-patients; his general health had much improved; there is still some discharge from the wound. He continued occasionally to attend at the hospital until the wound was quite healed, the discharge from which had gradually diminished. He was seen at the hospital about the middle of August; the wound had remained healed; he was quite well, and had returned to his work. There was then no sound of respiration at the lower part of the left lung, but quite distinct in the upper part; the lower part was also dull on percussion. He said he had nothing to complain of but a pain in his left arm. He was well and continuing his work on the 28th of September.

The objects for making a free opening into the chest, in cases of wounded lung, without any direct external opening, appear to me to be, first, to admit of the escape of the air collected in the cavity of the chest, as well as in the surrounding cellular membrane, thereby preventing the pleura from being so distended with air as to press on and impede the action of the opposite lung, which must be the case if air were continuing to escape from the wounded lung without any external opening; and also by procuring a free ingress and egress for atmospheric air to pro-

duce a collapsed state of the wounded lung, as the one most favorable for arresting hæmorrhage, and for promoting reparation. Secondly, to prevent the accumulation of blood in the pleura, and the consequent pressure on the opposite lung, by giving a free discharge for the blood which had escaped, or might subsequently be poured out from the wounded lung. The large amount discharged in this case soon after the opening was made, and the further quantity shortly after, would in all probability have proved fatal, by obstructing the function of the opposite lung, if there had not been an opening for its discharge. Thirdly, to admit of the escape of the serous or sero-purulent discharges secreted by the pleura in a subsequent stage of the complaint.

I by no means intend to say that such a practice is required in all cases of fractured ribs accompanied by emphysema, for every surgeon must readily call to mind many cases of the kind which have recovered without any other treatment than the ordinary means employed for fractured ribs, and for the relief of pneumonia, when that has occurred. It is only in cases of like severity to the one I have related that such practice is required; but I also think an opening into the chest may, in like manner, be required, for the purpose of allowing the escape of blood in cases where the lung may have been wounded in another way than by a fractured rib, as by a bullet having passed into the chest by an indirect route, and having wounded the lung. In that case, if difficulty of breathing came on to a greater degree than inflammation of the organ would account for, and which the treatment for inflammation had failed to relieve, it would be right to ascertain, by percussion and the stethoscope, the probability of there being fluid in the chest, when, if the presumption of such being the case were strong, and the symptoms urgent, it would surely be right to make an opening into the chest, and give the patient the chance which such a proceeding might afford.

There are cases recorded of the lung being wounded by a bullet entering the chest by an indirect course, which have proved fatal, and the post-mortem examination discovered a considerable quantity of blood and of bloody serum in the chest, and the wound of the lung not to an extent by any means incompatible with reparation.

To these I could add other cases of severe injury to the chest and lungs, under my own observation, to prove that, although this practice has long since been recommended, it has not received that attention in practice which it appears to me to deserve.

Bath, October 7, 1843.

SPERMATORRHŒA.

Mr. Douglas, of Glasgow, has treated a case of this malady, with success, by injections of one grain of opium and three grains of acetate of lead in an ounce of mucilage, together with the shower-bath, and muriated tincture of iron. He believes this injection to have all the effect of the injection of nitrate of silver in allaying the inordinate irritability of the urethra, without any of the pain or necessity for confinement which the latter remedy occasions.—*Med. Gaz.*

A CASE
OF
MALIGNANT DISEASE OF THE OS UTERI,
COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY.
WITH REMARKS.

By Thomas Dorrington, Esq.,
Surgeon to the Manchester and Salford Lying-in-Hospital.

(*Continued from page* 9.)

The result of the preceding case is strictly in accordance with what has generally happened in similar instances—*both mother and child perished.* There are on record a somewhat considerable number of cases in which pregnancy and malignant disease of the os and cervix uteri coexisted; and after a careful perusal of them, I cannot help being struck with the catalogue of horrors they present—a catalogue which, perhaps, might in some degree have been lessened, had there existed, in the minds of those who had to do with them, a determination to save the lives of the children at least, even if the disease did of necessity destroy the mothers. In some of the cases noted, the state of matters was such that the mother must of necessity have succumbed almost immediately—*at most in a few days*—to the fatal disease under which she was suffering; and yet, in these very cases, it has been thought advisable to sacrifice the life of the child, in order to effect its delivery by the natural passages. I plead guilty to this charge myself in the case just recorded, and frankly admit that, on mature reflection, and after much thought on the subject, I am satisfied that I ought to have proposed the Cæsarean section to the patient at the time the child was known to be living; for, had she submitted to this alternative, the life of her offspring would, in all probability, have been saved, and she would have exchanged a horribly painful operation for one which is universally admitted to be by no means unusually severe, and one which assuredly could not have proved more fatal. It may be urged that this is an opinion formed after the event, and that one can never calculate accurately as to the trouble and difficulty of effecting delivery in such cases, inasmuch as some of those given by authors, which have been quite as unpromising as mine, have terminated much better. In one or two instances, which I shall notice below, it is true that such was the case; but I maintain that the evidence on this subject, when taken as a whole, goes to prove most decidedly that no reasonable expectation could have been formed in my case that either the life of the mother or that of the child could have been saved in delivery *per vias naturales.* In milder cases, when the diseased structures were not so bulky as to interfere with the diameters of the pelvis, delivery has taken place through the pelvis in various methods, and the child has even been occasionally living. In such, although the chances for the mother are very small, the child may be extracted by the forceps after the diseased parts have been lacerated or incised, and we should be justified in anticipating a safe termination of the labor as far as it is concerned. It, therefore, becomes a matter of practical importance to decide what treatment is applicable to the various cases of malignant disease of the os uteri connected with pregnancy—a question which will, perhaps, be

best answered by giving briefly a collection of cases abridged from various authors, which shows the varieties that we are liable to meet with.

Cases in which Delivery has taken place Spontaneously.

Sir Charles Clarke, in the first part of his work "On those Diseases of Females which are attended with Discharges," third edition, p. 217, writes as follows:—"There is reason to believe that carcinomatous tumors make a very rapid progress when any violence has been done to them, as the following case will show:—A woman, about the age of forty, fell into labor; the head of the child presented, and little progress being made, a consultation was thought necessary, and the author was desired to see her. Upon examination, the os uteri was found dilated to the size of half a crown; the cervix of the uterus was greatly thickened in every part, and felt like cartilage, and the least pressure caused considerable pain. Upon inquiry, it appeared that the woman had been liable, during the latter part of her pregnancy, to a profuse discharge of mucus, and to occasional attacks of pain in the lower part of the abdomen. Two days elapsed before the os uteri was completely dilated, and the dilatation was performed with greater suffering than usual. The head of the child at length passed through it. After the labor the pain and discharge were greatly increased, and the woman died in a few days. Upon examining the cavity of the abdomen after death, the body of the uterus was contracted as much as usual at the same period of time after delivery, but the cervix was very much thickened, and ulceration had commenced. It is to be presumed that the disease formed after the commencement of pregnancy, (?) and that it became more active in consequence of the violence done to it in labor. Comparing this case with others in which occasional examinations are made, it is probable that it must have proceeded with great rapidity."

Madame Boivin, in her "Practical Treatise on Diseases of the Uterus," &c., translated by Heming, at p. 256 relates the following case:—Madame D., aged thirty-six, having had four children with natural labors, the last of which took place in her thirtieth year, was found, on January 17, 1823, to have the anterior labium of the os uteri as large as an orange, and two inches in diameter, smooth, and free from pain, but causing constant desire to pass urine, from its pressure on the urethra. She became pregnant, and fell into labor on February 7, 1824. The accoucheur found a large tumor in the vagina, which he mistook for the head of a fœtus; several nights passed without any progress being made, and a consultation being held, the os uteri was found very far backward, and undilated. "The pains increasing, the patient was brought to the Maison de Santé. She was exceedingly pale; the pains were violent and frequent; the membranes had been ruptured two days before; an enormous tumor was found in the vagina, hollow in the centre, so as to admit the two first joints of the forefinger; the surface of the other part of the tumor was knotty, hard, and uneven, especially during the contraction. In seven hours and a half from this time the tumor of the cervix advanced to the os externum, and presented a large torn surface, with granulated edges. It was tightly compressed between the right ischium and the head of the fœtus, which was protruded at once through the os uteri and os externum. The child was born alive." The disease made rapid progress during one year after this labor.

Dr. F. H. Ramsbotham, in his Lectures on Midwifery, in the "Medical Gazette," vol. xiv., p. 162, gives two cases of this kind, in which labor terminated spontaneously. In the first case, which was one of carcinoma, the whole disc of the os uteri was destroyed by malignant ulceration, and the vagina was extensively affected. The labor was rather premature, and was naturally and most expeditiously accomplished. No mention is made as to whether the child was living or not, but the mother died in the second week after delivery.

The second case was one of cauliflower excrescence; the lady had had one living child seven years before, and had miscarried once in the two years previous to her pregnancy, during which time Dr. Ramsbotham, senior, had been attending her for a uterine affection. She became pregnant a second time whilst laboring under the disease; abortion was threatened, but was with great care averted. The membranes ruptured on Sunday, May 26, 1828, in the morning, and the uterine action came on at noon, at which time the os uteri would admit the tip of the finger. Pains good all day, with very little dilatation at night; an opiate given, which stopped the pains, but gave no sleep. Slow dilatation on Monday, with regular and powerful pains. At half-past eight, p.m., the os uteri the size of a crown piece, and from its whole disc a fungous tumor sprang, filling the vagina. The cervix was exceedingly indurated all round. The constitution had suffered as yet very little, though the uterine action was very strong and painful. There was very little alteration till half-past three, p.m., when, under the influence of a violent contraction, she suddenly screamed out that the child was passing. An examination was immediately made; the head had passed the os uteri, filled the cavity of the pelvis, and was delivered in about half an hour, the child being alive. The placenta gave no trouble. Dr. F. H. R. could not detect any breach of surface, owing to the confused state of the parts, but does not doubt that a laceration of the os uteri occurred when the head passed. The woman was in imminent hazard for a fortnight, but left her room at the month's end. She sunk in fourteen months after delivery, worn to a skeleton by pain, hæmorrhage, and serous discharge.

Dr. Robert Lee, in his late work on "Clinical Midwifery," p. 82, gives a case of malignant fungoid disease of the os uteri in which pregnancy existed, and in which he recommended the induction of premature labor, to which the woman would not consent. Delivery took place, however, spontaneously at the seventh month, and a dead child was expelled without artificial assistance. This was on the 14th of July, 1840. The pain, discharge, and other symptoms of cancer almost entirely disappeared for several months, but they returned again, and she died on the 1st of January, 1841. He also gives three other cases that came from Dr. Merriman. "In one the labor pains were excruciating, and continued for a long time without producing any effect upon the os uteri, but at last it gave way suddenly, and the head passed

through it. The child was born alive; the mother died six weeks after.

"On returning home from attending a case of labor, Dr. Merriman was informed by his uncle, the late Dr. S. Merriman, that the patient had a scirrhus of the os uteri—that he thought she would never have another child, and would die from the disease. That, he said, was the result of his experience in other cases. She conceived again, however, and died soon after delivery. The child was born alive, and neither in this nor in the last case was any operation performed." The following letter contains the third case:—

"My dear Dr. Lee,—The following case, which I did not recollect last night, will interest you; I do not remember any one very similar:—

"Aug. 12, 1824. I was desired by my excellent friend, Mr. Clifton, of Leicester-place, to visit Mrs. George, whose husband kept the Coach and Horses public-house in Compton-street, Soho. She told me that she had been long ill, and had consulted Dr. Bree, who thought her disease was ulcer of the womb, and treated her accordingly. She said, however, she was quite sure of being pregnant, and not liking to continue a mode of treatment which she imagined must be improper, had ceased to consult him. On making inquiry into her symptoms, it appeared that Dr. Bree was justified in taking the view he did of her complaint; they were extreme pain in the back, constipation, emaciation, and especially extremely offensive discharges from the vagina. These symptoms had occurred after a lying-in two years before, and had continued ever since; indeed, there was some reason to believe that they had shown themselves before the termination of that pregnancy. Upon this point, however, the evidence was not quite satisfactory.

"Having learnt thus much, I inquired what were her reasons for thinking herself pregnant; her reply was, that she distinctly felt the motions of the child. As no examination per vaginam had been instituted, I obtained permission to pass my finger, and was not a little surprised to find that the os uteri and part of the cervix were entirely destroyed by a species of ulcus exedens, yet that the body of the uterus was enlarged to the size it usually attains between the fifth and sixth month, and that it contained a living fœtus; so that this was a case of pregnancy in a uterus deprived by disease of a large portion of its substance. Whether the os uteri had taken on disease before the pregnancy commenced must remain uncertain, but, at the time of my examination, which was made with as much care and exactness as was in my power, the whole of the os uteri and a large portion of the cervix were literally eaten away by ulceration.

"On conferring with Mr. Clifton, who accompanied me, on the treatment to be adopted, I expressed an opinion that the fœtus could not be much longer retained, for the distension of the uterus was already beginning to intrench upon the cervix, and as the distension proceeded, the ulcerated cervix would be pressed upon, and must necessarily give way, and the fœtus be expelled; accordingly, on the 31st of August, the fœtus and placenta passed into the world without pain; the child, of about six months' gestation, was born alive, and lived a few hours. The poor woman, who now began to entertain hopes of recovery, was not at all benefitted by the delivery, but continued to live in a state of great suffering, sometimes mitigated by narcotics, till the month of February, when death gave her a happy release.

"Believe me, dear Sir,

"Yours, with great truth,

"Samuel Merriman."

It must be observed that, in all of the above cases, there is no mention made of the os or cervix uteri being *exceedingly bulky* from disease, excepting in Madame Boivin's and Dr. F. H. Ramsbotham's case of fungoid excrescence. Of these two, the first terminated by an occurrence which can never be anticipated—protrusion of the diseased part as far as the vulva, by which it ceased to encroach materially on the diameters of the cavity and outlet of the pelvis; and the second, from its soft and compressible nature, would afford no particular impediment farther than would arise from the *indurated*, but *not bulky*, disc of the os uteri, from which the fungoid disease sprang. We are warranted in concluding from the above cases that, where malignant disease of the os and cervix uteri, attended with considerable induration, exists, provided *the bulk* of the parts is *not materially* increased, labor will probably terminate safely for the child. It must be observed, however, that patients in this condition are apt to have abortion or premature labor, which at once diminishes the risk to the mother, but increases it to the offspring.

Out of 8 cases, the children were born living in 5, dead in 1, and this is not stated in 2. Two of the labors were premature; one at the sixth, the other at the seventh month. Of the mothers, *all died*, but at such different periods that the deaths could not in all cases be traced to the effects of the labors, but rather to the nature of the disease. The period of life after delivery in the cases was respectively fourteen months, twelve months, five months, four months, six weeks, two weeks, "a few days," and "soon." There can be no doubt, however, as Sir Charles Clarke has remarked, that the process of labor must aggravate the disease very much.

[*To be continued.*]

ON POLYPUS UTERI.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In your number of the 23rd of September is a paper on polypus uteri, by Dr. P. Murphy, of Liverpool, in which he states as the result of his experience "that polypus is not a disease of the virgin state," and that its "removal is attended with very little danger or difficulty."

These conclusions are somewhat at variance with the experience of other writers. Dr. Denman in his Introduction to the Practice of Midwifery, 6th edition, pages 49, 51, gives two cases occurring in unmarried females, in one of which the operations caused death; and also two other fatal cases after ligature; and Dr. Lee, in the "Cyclopædia of Practical Medicine," vol. iv., page 393, says that "the operation is not without danger," quoting as a proof the experience of Dupuytren, who "met with eight or

ten cases where patients were destroyed after the application of a ligature around the root of a polypus of the uterus, and where the symptoms were those produced by the absorption of pus into the system."

Dr. Murphy seems to think that the occurrence of gangrene of the ovary, which was the cause of death in his last case, was a mere coincidence. The majority of your readers will, I dare say, be of opinion that it was the result of inflammation produced by the operation.

The only case which has occurred in my practice is also unfavorable to the conclusions of Dr. Murphy, although it terminated favorably. I will briefly relate the case from notes taken at the time.

On July 16, 1838, Ann Ward, aged forty-eight years, unmarried, applied to me, having been afflicted with profuse menorrhagia for three years, by which her strength is very much reduced. Lately the hæmorrhage has recurred every fortnight with leucorrhœa in the intervals. Has frequent desire to evacuate the bowels and bladder. On examination, a smooth, solid, insensible tumor, the size of a child's head at the full period of utero-gestation was found occupying the vagina. Neither the neck of the tumor nor the os uteri could be reached with the finger. The uterus was felt to be much enlarged by applying the hand on the abdomen. On the 20th, a ligature of strong whipcord was passed round the tumor as high up as possible by means of Gooch's double canula. On tightening the cord and measuring the length of the part which embraced the tumor, after allowing one inch for stretching, it was found to be thirteen inches. On the 21st, five inches were gained on tightening the ligature, and it seemed to slip up higher. The cord was tightened daily until the 25th, when it broke, and with great difficulty, after several ineffectual attempts, another ligature was passed round the polypus, but not so high up as the first one. This was cautiously tightened daily until August 7. The discharge was profuse and very offensive, notwithstanding constant ablution with lotions of chloride of lime. The lips, gums, and tongue were covered with aphthæ, and irritative fever from the absorption of putrid matter came on. Finding my patient's strength fast failing, and that the only chance of preserving her life consisted in separating the tumor as fast as possible; I drew down the polypus by means of a hook, and excised the remaining part of the neck, which was undivided between two and three inches in circumference, with a narrow bladed curved bistoury, wrapped with thread to within an inch of the point, and introduced flat on the forefinger of the right hand. Very little bleeding ensued. The polypus was easily extracted, being reduced by ulceration and sloughing to the size of a goose's egg. She rapidly recovered from this time, and on the 14th of August no portion of the polypus could be discovered on examination per vaginam, and no enlargement of the uterus on applying the hand to the abdomen.

I am, Gentlemen,

Your obedient servant,

J. Ness, M.R.C.S.

Helmsley, Yorkshire,
Sept. 29, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, OCTOBER 14, 1843.

We took occasion, a few weeks ago, to comment on the frequency with which we believed the crime of producing abortion to be committed, in the case of young unmarried females. Hideous as this kind of murder is, yet some shadow of excuse may perhaps be framed for the unhappy perpetrators of it. The impending ruin of their character and worldly prospects; their ignorance of the enormity of the crime; the influence exerted over them by others, may perhaps be urged in extenuation of their guilt.

It could scarcely be believed, however, that the same crime could be perpetrated by persons in married life, anxious, like brute beasts, to enjoy the pleasures of sensuality, without the trouble of rearing a family. Yet, to the disgrace of human nature, the following details show that it is attempted, and probably not by one person only, but by others who consult the code of instructions which this culprit too implicitly followed.

A man named Haynes has been committed to Newgate on a charge of wilful murder, committed in an attempt to produce abortion on his wife. It appears from the evidence adduced at the coroner's inquest, and before the magistrate, that Haynes and his wife led a very unhappy life, as he was afraid she was pregnant, and he detested the idea of having children. In order to prevent this, he procured a large quantity of sulphate of potass; he gave her a quarter of a pound of it in small quantities during the fortnight preceding her death; on Tuesday, the 26th of September he gave her two ounces more of it; on Wednesday night, again two ounces; and during that night she died.

We believe this is the first time that the salt in question has been known to act as a poison. Common salt and sulphate of magnesia have both caused death when given in inordinate doses; and in this instance the effects produced were the ordinary ones of an irritant poison—vomiting, followed by fatal collapse. Some discussion was raised as to whether the sulphate of potass could properly be called a poison or not; and this may, perhaps, like many other trifles, furnish matter for quibbling among the lawyers; but it is very certain that any saline matter given in sufficient quantity will act as an irritant or sedative poison. The largest dose we ever saw mentioned in any work was six drachms; and two ounces, given half dissolved, would be quite enough to produce death.

The worst feature of the whole affair—(we say the worst, because it gives us reason to fear that this is only one of a number of instances in which the same

crime is attempted) is this—that Haynes, in administering the poison, acted in conformity with the rules laid down in a book which was produced at the inquest, and which we have had the opportunity of seeing. It is the production of one of those wretches who live by the sale of infidel, seditious, and obscene publications, and it professes to contain "new and effectual means of regulating the number of a family;" means as absurd and inefficacious as they are disgusting. It directs, that if conception does occur, in spite of all precaution, the female is to take "a good dose—viz., one or two ounces of common sulphate of potass or sulphate of soda, which may be obtained at any druggist's shop for a few pence; thus the conception will be counteracted, and no more will be known of it. This may be done with the utmost safety, and should always be done within a few days after conception."

We sincerely hope that this case will act as a warning to any other wretches, if such there be, who wish to follow these abominable directions.

THE LATE INQUEST AT CARLISLE.

Our readers doubtless recollect some particulars which we chronicled in the Journal for Sept. 23, of a very bitter quarrel between the medical practitioners at Carlisle, and of an inquest which afforded the belligerent parties an opportunity of degrading their profession, by bringing a dispute on a point of medical practice before a tribunal incompetent to judge of it.

Since our remarks were written, the committee of the Infirmary deputed three of their number to visit the village where the poor man Clarke lived, to make further investigations. The only points of any importance which they elicited were, first, that Clarke had been notoriously rheumatic for years before his application to the Infirmary, insomuch that he was a kind of weather-glass in the village; his lame leg, too, had seemed shorter than the other for many years; and, secondly, that he met with a severe fall, a few weeks before he was visited by Dr. Jackson and Mr. Elliott.

The first point evidently goes far to remove from Dr. Barnes the charge of having made an inexcusable error in diagnosis. We ask confidently whether any one who has heard the case, as now stated, can assert that he should have formed any other opinion as to its nature than the (then apparently incontrovertible) one which Dr. Barnes formed?

The second point may serve to account for the formation of the abscess which Mr. Elliott opened, and the aggravation of the disease which led to it. Yet some of the witnesses, who were examined by the deputation from the infirmary, state that Clarke was not observed to be materially worse after the fall than before it.

We will not attempt to follow the history any farther; we have already furnished our readers with the main undisputed facts of the case, but there is not one minor circumstance connected with it which is not the subject of the most contradictory statements from the contending parties; and we have neither inclination nor ability to balance their respective credibility. But we cannot help pointing out the moral of the tale.

Admitting, for a moment, that Dr. Jackson and Mr. Elliott were fully justified in demanding the inquest—admitting that their professional character was seriously injured in the eyes of the Carlisle public by Dr. Barnes's attempt to throw the blame from his own shoulders to theirs—admitting that their reputation and practice were at stake, and that their object was to clear themselves, not to injure or annoy a private enemy—what earthly good could they hope to derive from the investigation which they demanded? If Clarke's brains had been knocked out with a stick, and some blood-stained ragamuffin had been caught skulking away from the spot with the dead man's watch in his pocket, the coroner and jury could have disposed of this case well enough. These are facts, outward and palpable. But, when the question was whether the symptoms, which a certain patient had presented nine months before, were such that a physician ought to have formed an opinion opposite to the one he did form, how could they dream that the education, habits, and capacities of their judges would enable them to come to any satisfactory decision? They ought to have known that they would act as all other men act, when required to decide on what they do not understand—that is, either adopt the opinion of that party in whose favor they are previously prejudiced, or else of some person in whom they place great confidence, or else, as very commonly happens, of the person who speaks last.

A reverend professor in a certain university is accused of having preached an heretical sermon. Supposing the case brought before a coroner and a jury of Oxford yeomen. The accusation is set forth; they hear the reply; many witnesses are examined on either side; long extracts are read to them out of fathers and schoolmen; the coroner sums up, and leaves them to find a verdict. What do they do? Why, one of them would say, "These are very clever gentlemen, all of them, but their arguments are above me; as soon as I have got hold of one, another drives it out of my head; I can't tell which is right or which is wrong; but I do know that Dr. —— is a very nice gentleman, and he was very good to my neighbour's sick wife, and so I can't go against him."

Not less absurd was the appeal to the Carlisle jury, not less fruitless its results. If the accusation had been that Dr. Barnes had neglected the patient, had treated him without ordinary care and kindness, there

would have been some ground to proceed upon. The common sense of any man suffices to judge of this. But how could they condescend to submit to a common jury a case involving the diagnosis of obscure symptoms of hip-joint disease? If one attorney and twelve petty farmers or huckstering tradespeople can decide clearly on the nature and treatment of such a case after the patient's death, why not let their wisdom be appealed to by our medical brethren, in doubtful cases, during the patient's life? Then the absurdity of the proceeding would be evident enough.

Making every allowance, then, for the circumstances under which Dr. Jackson and Mr. Elliott acted—their feelings already irritated by private animosity, and exasperated beyond measure by Dr. Barnes's hasty imputation—we cannot help calling their appeal to the coroner most injudicious, if only because they could not possibly arrive with certainty at the result they wished for.

But observe the penalty which they are paying, and which may serve as a wholesome lesson to others. They appealed to a non-professional tribunal to decide a point of medical practice, and permitted themselves to be made the tools of a wretched factious newspaper. And they have their reward; for week after week the opposite newspaper teems with insinuations of their *painful operation*, their *unsuccessful experiment*—phrases than which none are more likely to excite prejudice amongst the ignorant—just as if they were guilty of making the abscess which they very properly opened. But let us hope that this sad contest is drawing to a close—that both parties will have the good feeling and manliness to retract their unjust aspersions; at all events, not to disgrace their profession before the world, nor to avail themselves of doubtful diagnosis or unsuccessful practice as weapons of private enmity.

THE WEEKLY DISPATCH.

A modest Medium for Professional Advertisements.

TO THE EDITOR OF THE PROVINCIAL MEDICAL JOURNAL.

Sir,—When men would fain make haste to be rich, numberless are the modes they adopt of setting their claims for patronage before a discerning and enlightened public. Some adopt the straightforward plan of pasting a placard on a wall, or thrusting it into your hands in the street. Others fall to work with scissors and paste, manufacture cases, publish a book, and entice people to buy ten shillings' worth of nonsense, in order that they may see the author's address, with the announcement that he is at home from nine till two, and the useful caution not to go by mistake to Dr. ——, an unlucky namesake in the next street. Others preach in a Methodist chapel, or lecture at a mechanics' institute, not forgetting to make some quite accidental allusion to their professional pursuits; others have a constant succession of dreadful accidents to lords and Honorables, which those officious people, the reporters, will insist on sending to the "Morning Post;" others, again, get up a charitable institution, elect themselves medical officers, and return thanks in the newspapers; some, too, resort to strange hats or white horses; but there is one rule always observed, and that is, that the more oblique and circuitous the blow, the more effective: an ambuscade is better than an open attack; the gull-catcher and his snare should both be hidden.

Now, there is one kind of newspaper puffing which is so delicate, so unobtrusive, which carries with it such an air of disinterested kindness, that I had long grieved to see it monopolised by actresses, legacy hunters, and sham benevolent associations, to the great detriment of my dear professional brethren—of such of them, at least, as deem it their duty not to lose any opportunity of making known the benevolent miracles which they work. An advertisement in the regular columns looks glaring and quackish; an editorial puff pretty generally betrays its source; but no one can have any suspicions when the editor merely gives a "conscientious opinion" "in answer to the inquiries of numerous correspondents."

I am glad to find, therefore, that my professional brethren no longer neglect this inexhaustible mine of respectable puffery. Of course they would not for the world advertise in the "Weekly Dispatch;" but what can be better than to get the respectable editor, Mr. Brownrigg (a lineal descendant of the famous Elizabeth, who

> —— "whipped three female 'prentices to death,
> And hid them in the coal-hole"),

just to announce his own private opinion, and give his friendly advice to his correspondents after the following forms? so that whilst the greasy *manus insudet vulgi* on the paper, they may learn where to get their hips, ears, and spines most effectually tinkered:—

"*An Anxious Father* had better read 'Coulson's Treatise on the Deformities of the Spine' (6s.), before he seeks either medical or mechanical aid."—*Dispatch*, July 30.

"*A Sufferer.*—Consult Mr. Yearsley, who has operated most successfully (?) in cases of stammering."—*Ibid.*

"*E. A. R.*—Apply to Mr. Yearsley, Sackville-street, Piccadilly, who gives advice gratis in cases of deafness."—*Ibid*, Aug. 12.

"*C. E. H.*—Apply to Mr. Coulson, Old Jewry."—*Ibid*, Sept. 24.

"*A Deaf Man.*—There are two or three dispensaries for the treatment of deafness, but, unquestionably, the best is that at No. 32, Sackville-street, Piccadilly, where Mr. Yearsley," &c. &c. &c.—*Ibid*, Sept. 24.

"*J. S., Chester-street.*—The most eminent man (!)

in London for diseases of the spine, is Mr. Coulson," &c. &c. &c.—*Ibid*, Oct. 1.

"*M. S., Dover-road.*—The presence of disease is a passport, &c. &c., to the Institution at No. 32, Sackville-street, Piccadilly. The Institution is decidedly the first in the metropolis, inasmuch as it is directed by Mr. Yearsley, who," &c. &c. &c.—*Ibid*, Oct. 1.

But, Mr. Editor, the respectable Mr. Brownrigg knows very well that "qui malos non odit, bonos non diligit." His praise must not be indiscriminate; oh, no; it is not every one who deserves his high commendation. For example,

"*A. M., Potteries.*—The individual is a broken-down surgeon. We would as soon think of applying to a cattle doctor."—*Dispatch*, Sept. 3.

"*J. W., Ipswich.*—Go to a respectable medical practitioner; the parties alluded to form a nest of arrant cheats and scoundrels."—*Ibid*, Sept. 10.

"*H. C.*—We have no faith in the individual alluded to; he merely prescribes."—*Ibid*, Sept. 24.

But, Mr. Editor, do not let me for one moment be supposed to insinuate that Mr. Yearsley or Mr. Coulson have a hand in these modest notices. The mystery is explicable on a very simple hypothesis, which, once swallowed, all doubt and difficulty vanish.

What can be more natural than for a sick man to write to the editor of a newspaper, to ask whom he ought to send for? It strikes one at the moment as the most consistent and rational course to adopt. Then, granting that Mr. Coulson and Mr. Yearsley are *facile principes*, that their achievements have been most brilliant, their supremacy indisputable, to whom else could the editor send his afflicted correspondents for the straightening of their gibbous progeny, or the sharpening of their torpid tympana? Who ever heard of such obscure fellows as Brodie, Key, Liston? No doubt they would be more than content with half the celebrity of Mr. Coulson and Mr. Yearsley.

How truly desirable a class of patients these correspondents must be, too. One writes to know how to spell a word; another, to know the date of King Charles's murder by the sovereign people; *An Inquirer* is told that Julius Cæsar was not a Jew, whatever the New Testament may say to the contrary; *One in Quod* is told that he is quite right in supposing that Messrs. Screenum and Filch, of Hatton-garden, are the same legal firm that successfully defended Moses Isaacs and Solomon Levy in the great watch-stealing cause; *X. Y. Z.* wants to know whether tea and sugar are admitted into Cold-bath Fields Prison, or to have a sketch of the accommodation afforded in the Penitentiary. How humane of Mr. Yearsley and Mr. Coulson, to extend their sympathies to the poor, the ignorant, the criminal!

I hope they follow the plan shown by Boz. Miss Snevillicci's album, if I rightly remember, contained something like such a paragraph as this:—

"*T. S.* Our correspondent is misinformed in supposing that the beautiful and gifted Miss Snevillicci is *not* the young lady to whom a brilliant offer," &c. Happy Mr. Coulson and Mr. Yearsley, who can garnish their waiting-room with like extracts from the thieves' own paper, the "Weekly Dispatch."

I am, Mr. Editor,

Your humble servant,

St. Benet's Sherehog, City, October 5, 1843. DOWN EAST.

IMPORTANT MEDICO-LEGAL CASES.

Death from Rupture of a Varix in the Vagina—Suspicion that an Attempt had been made to procure Abortion.

On Tuesday, the 3rd of October, an inquest was held at Kidderminster, on the body of Jane Bennett, an unmarried woman, aged twenty-two, who was found lying dead in a lane near Kidderminster, on the Saturday night previous. Near the spot where she was found there were two large pools of coagulated blood; the grass was trampled, and there were marks as though some one had been forcibly dragged along the ground.

On Monday a respectable man, named John Hampton, foreman in a carpet manufactory, was taken into custody on suspicion that he had caused the girl's death. The deceased had borne a child to him, and was again pregnant by him. When last seen alive, on the Saturday night, she was talking with some man in the lane where her body was soon afterwards found; the night was so dark that he could not be identified, but one of the police found an umbrella string near the spot, which corresponded with an umbrella in Hampton's possession. A witness, moreover, deposed that on the Saturday night, about twenty minutes past nine, she saw a man with an umbrella in his hand, standing in the lane, and a woman on her knees before him; she asked what was the matter; the man replied, only a fainting fit; and, on being asked if he wanted any assistance, replied that he did not—that the fit would be over in a few minutes.

Some of this evidence looked, to say the least of it, doubtful enough for the prisoner Hampton; but, luckily, the evidence of Mr. Thursfield, the surgeon, cleared up the mystery. We give his evidence, as reported in the "Worcestershire Chronicle" of October 4:—

"Thomas Thursfield, of Kidderminster, surgeon: I was called to see the body of Jane Bennett on Saturday night. I saw it at the Golden Cup about half past ten o'clock. She was quite dead; she was lying on some straw; she had on a dark bonnet, dark cloak, and striped dress, black stockings, and boots; the dress, from her feet to her knees, was completely saturated with blood; the under garments were the same, and the stockings and boots as full as

a sponge. I had the body washed. I then proceeded to the spot where the body was found. The place was pointed out by Morton and Potts. I found the grass compressed, and marks of trampling of feet. I then looked for blood; found the grass slightly stained, and, on holding up the lantern, I saw something dark, about seven or ten yards on the road, which, on approaching, I found to be a pool of coagulated blood. On looking farther, I found a similar mass of blood, near to the place where the body was found, and, on examining minutely, I found traces as though a body, resting on the heels of a boot, had been dragged from that mass of blood towards the hedge where the body was found. I returned to the Golden Cup, and proceeded to examine the body more minutely; there were no appearances of violence, except slight bruises on the thighs, such as would be produced by the pressure of a man's thumb. The breasts had a quantity of milk in them, and I thought the deceased was in the family way. On proceeding to examine internally, I found, just external to the vagina, a lacerated wound, about an inch and a quarter long, and half an inch deep. On Sunday morning, about eleven o'clock, I proceeded to make a post-mortem examination. I found the veins of the internal parts of the lower limbs very much distended, or, rather, dilated, and what is usually called varicose, which is a disease pregnant women are subject to. On examining the wound, I found that it occupied the seat of the varix, or dilated vein, and, upon pressure, the blood continued to ooze from it as from the pores of a sponge, which it would have done from a rupture of a varix or dilated vein. The parts adjacent to the wound were slightly discolored and bruised, but, upon examining by dissection to the back of the wound, I found these discolorations to be entirely superficial, and not such as would have been caused by any great violence, such as a kick or severe blow; the wound was not such as occurs where the coats of a varix give way spontaneously, which they frequently do; as in that case it would have been small and more regular in its edges; but was evidently the effect of violence of some kind or other. The stomach and bowels were in a natural and healthy state. A little undigested food in the stomach, which appeared to be fruit, and on her dress were some marks of plum-stones, as if she had vomited; there was also a smell, as if she had taken beer. She was between four and five months gone in the family way, and there was no symptom of miscarriage, either threatening or having partly taken place; the uterus and its contents were as healthy as possible. There was a total absence of anything to justify a suspicion that she had taken anything to produce miscarriage. I cannot form any opinion as to the time the deceased had had a varix. If it had existed before her pregnancy, that state would have rendered it more likely to have given way. I am strongly of opinion that the rupture must have been produced by some violence, and not by natural causes. I do not think the rupture has the appearance of a cut wound, but a tear or a burst. If it had been torn or burst by violence, it must have been effected by a blunt instrument. I think any person who had been assisting the deceased, or near to her when the rupture took place, must have taken away a considerable quantity of blood stains on his trowsers and shoes; I should think from the rupture until death would, in this case, have occupied about ten minutes. The deceased might, with violence on her own part, have caused the rupture. The deceased died from hæmorrhage, consequent on the rupture of a varix in the vagina.

"[The nature of the surgical evidence in this case renders it impossible for us to publish it without some little curtailment and alteration. Mr. Thursfield was of opinion, from all the circumstances of the case, that the wound had not been caused by any act of the woman in an endeavour to produce miscarriage. It might have been produced had the woman been the subject of a rape, accompanied by violence, but certainly not had she been a consenting party.]

"The coroner having summed up the evidence in a clear and concise manner, the jury returned the following verdict:—'Died from the loss of blood arising from the rupture of a varix at the opening of the vagina, which rupture appears to have been the result of some degree of violence; but how or by what means such violence was effected, there is not sufficient evidence to satisfy the minds of the jury.'"

Case of Cancrum Oris—Alleged Mistake in the Preparation of Medicine—Mr. Dunn's Report of the Case.

On Tuesday, October 3, an inquest was held by the coroners for Westminster on the body of Sarah Ridley, a child aged two years and four months. The child had evidently died of *cancrum oris;* but the parents, from ignorance or malice, had raised a report that its death had been caused by a quantity of mercury dispensed by mistake, accompanied with the ordinary accusation against Mr. Dunn, the surgeon in attendance, that he had endeavoured to hush up the case to avoid investigation. One or more of the jury seem also to have participated in this bad feeling; and after a lengthened discussion, a special verdict was returned to the effect that the deceased died a natural death, but that a mistake was made by Mr. Dunn's assistant in the preparation of a powder, although not a mistake from which fatal results could have ensued. The following clear and satisfactory statement, with which we have been favored by Mr. Dunn, sets the case in its true light, and renders further comment needless:—

"S. Ridley, aged two years and a quarter, was brought to my house by her mother, on Saturday, Sept. 16. The child had an expression of heaviness about the eyes, the skin was hot, and the pulse quick. The mucous membrane of the mouth was in an unhealthy state, and the gums were spongy. There were blotches upon the body resembling the pustular form of scabies. The child was of a cachectic habit, arising from the combined influence of an *unhealthy locality* (Windsor-court, in the Strand) and *defective nutrition.* It was scarcely possible, indeed, for it to have been otherwise, from the terms upon which the parents of the child live. I have often pitied their poor children. Within the last few months, the mother nearly lost her life, from *flooding*, in con-

sequence of a miscarriage, occasioned, as she stated to me, "by the kicks, and blows, and brutal treatment of her husband," and the external marks upon her body gave ample proof of acts of violence. I have been called upon to furnish a certificate of her inability to appear at Bow-street, on account of *family differences*. I think it necessary to state these facts. They are important, in a medico-legal point of view, for forming a just opinion on the conflicting testimony in the evidence of the case, but still more in reference to the effects of *defective nutrition*, and the formation of the cachectic habit. How the children, living in such a vitiated atmosphere, and neglected as I have seen them, could escape constitutional deterioration, it is difficult to conceive.

"I prescribed for the child a mixture of magnesia and soda; three alterative powders, each containing, rhubarb, four grains, dried carbonate of soda and mercury with chalk, of each two grains, one to be taken every other night; and some compound sulphur ointment to be applied to the blotches. One only of the powders was given. On the Monday morning I was asked to visit the child in Windsor-court. I found the eruption of measles was coming out, but not freely. The child was in a low, drowsy state; pulse quick, but weak; skin hot and dry; the bowels much relaxed, with pneumonic indications. The feet were put into hot water with mustard, cataplasms of linseed meal and mustard were applied to the chest and between the shoulders; and cretaceous medicine with ammonia administered. There was great prostration of the vital powers, and so much of stupor, that strong mustard poultices did not arouse the child, nor elicit any expression of pain or uneasiness. The eruption was not properly developed, and on Wednesday the measles disappeared, leaving her in a very low and depressed condition.

"My attention was now directed to the state of the mouth and gums, about which I questioned the mother. Previously to the child's illness the gums had bled frequently, and the mother feared this might arise from using a small brass ring, with which she played at school. The tissue of the gums was now of a livid hue, and spongy. I observed, at the junction of the gums with the lining membrane of the lower lip, in the front of the mouth, a number of small yellow spots resembling aptha, and giving vent to a whitish exudation; the intervening mucous membrane was tumefied and red. I ordered some borate of soda with honey, to be applied frequently with a camel's hair pencil; ten grains of the compound jalap powder to be given, and a saline mixture with ammonia.

"The next morning, on cleaning the apthous spots with the brush, I perceived irregular ulcerations with ragged edges. These ulcerations, for the next three or four days, slowly but gradually extended, assuming a dirty grey appearance, and were covered with a tenacious, purulent exudation. The breath, which was fœtid from the first appearance of the ulcers, now became almost intolerable. The same kind of apthous points appeared, two or three days subsequent to the first, on the upper lip, right cheek, and gums, and quickly passed into the same state of ragged ulceration. A lotion of chloride of soda was kept almost constantly applied, and every means to support the child was had recourse to—ammonia, quinine, beef-tea, port wine, &c.—but without effect. The disease gradually progressed into the *dry form*—the *forme charbonneuse* of M. Taupin. The gums of the lower jaw were reduced to a black, fœtid pulp. The child herself removed the whole of the teeth from it, with her fingers, one by one. The lower lip and chin became swollen, soon passing from a reddish hue to a dingy yellow color, having their cellular substance extensively infiltrated with yellow serum. The first external eschar appeared upon the chin, about a week after the disappearance of the measles, and rapidly increased in size, changing from a dirty yellow to a black color. The cheek and gums, and upper lip on the right side of the face, as well as the lower lip and chin, were converted, before the poor child died, into a black, soft, and homogeneous mass, giving out a most intolerably strong gangrenous fœtor. The child died on the 1st of October, fifteen days from the time I had first seen her. My friend, Dr. Todd, of King's College, kindly saw the case twice with me, during the progress of the disease.

"A coroner's inquest was held upon the body, under the suspicion that the child died from the effects of mercury. It was alleged that instead of the ten grains of compound jalap powder, which I had prescribed twelve days before death, a slate colored powder—ten grains of the mercury with chalk—had been sent and was given. How far this allegation can be supported, by any degree of probability, I must leave to be deduced from the history of the case, the character of the parents, and the fact that the gentleman who dispensed the medicine is now in his third year's attendance on the medical and surgical practice of King's College Hospital. The most correct report that I have seen of the coroner's inquest appeared in the 'Morning Post.'

"Mr. B. Brookes, 37, Bedford-street, surgeon to the Strand Union, who made the post-mortem examition by order of the coroner, satisfied the jury that the child died a natural death, and offered it as his opinion, that no medicine, not even mercury itself, could produce the disease. Dr. Todd bore testimony to the specific character of the disease, and to the correctness of the treatment which had been pursued. Mr. Walker, surgeon, of Drury-lane, who had been surreptitiously called in by the mother, voluntarily came forward, and nobly bore the same testimony. Mr. Brookes gave the following brief account of the post-mortem appearances:—'The right side of the face, half the nose, upper and lower lip, were perfectly black. Upon carefully examining the inside of the mouth, there was observed great ulceration of the gums; the alveolar processes were denuded, and the teeth gone. Half of the tongue was black; and the inside of the cheek and fauces gangrenous; the whole exhibiting the true *cancrum oris*, or gangrene of the mouth. The stomach was perfectly healthy, and the small intestines diaphonous.'

"During the last week—indeed, on the very day upon which the inquest was held—I was called in to another case of the *metastatic* variety of cancrum oris, supervening upon measles also, in a little boy, four years old, in Castle-street, Leicester-square, attended by Mr. Skegg, of St. Martin's-lane. Here the attack came on suddenly, without premonitory indi-

cations. A small tumor formed on the inner surface of one of the cheeks; a gangrenous appearance supervened, and the breath became extremely fœtid. Externally, the surface of the cheek became tumid, reddish, and shining. A lotion of chloride of soda was assiduously applied, and quinine and liquor sarsa freely given. The slough separated, and the opposite cheek became in the same way affected. This second slough has come away, and the child, under quinine and sarsa, and a generous diet, is now gradually progressing to convalescence."

R. DUNN.

15, Norfolk-street, Oct. 10, 1843.

REVIEWS.

Familiar Letters on Chemistry, and its relation to Commerce, Physiology, and Agriculture. By JUSTUS LIEBIG, M.D., Ph.D., F.RS.., &c. Edited by JOHN GARDNER, M.D. London, 1843, 8vo, pp. 179.

To those of our professional readers who have not time to study the longer and more elaborate treatises of Liebig, on the application of chemistry to agriculculture, and to physiology, we cordially recommend the short work before us. The first few letters contain an interesting application of chemical knowledge to several branches of industry and commerce; the middle of the work exhibits a clear account of the processes of digestion and nutrition, and of the relative value of various kinds of food, explained on chemical principles; and the concluding letters treat of chemistry in connection with agriculture. The last subject is one of such overwhelming importance, that we trust our provincial readers will never lose an opportunity of urging their agricultural friends to avail themselves to the utmost of the helps which science may afford them in investigating the nature of their soils, and in determining, with the aid of experience, what mode of cultivation, what manures will enable them to gather the most abundant harvest.

There is one suggestion thrown out quite at the close of the book, which we believe to be as new as it is important, and, therefore, shall briefly lay it before our readers. One grand principle in the cultivation of vegetables is, that they must be furnished, in the soil, with certain mineral substances, which are essential to their growth, and, as is well known, remain in their ashes after combustion. Now, the cerealia, the corn tribe, require large quantities of alkaline and earthy phosphates. These are annually removed from the earth in large quantities in the various kinds of grain, and, unless they are restored to the land, its power of producing grain is soon exhausted. The ordinary means of restoring this loss of the phosphates are animal excrements and bones, which, we need scarcely say, were originally derived from the fields which they return to fertilise. These are purchased annually from abroad at a vast expenditure.

"To restore," says Liebig, "the disturbed equilibrium of constitution of the soil—to fertilise her fields—England requires an enormous supply of animal excrements, and it must, therefore, excite considerable interest to learn that she possesses beneath her soil beds of fossil *Guano*, strata of animal excrements, in a state which will probably allow of their being employed as a manure at a very small expense. The coprolithes, discovered by Dr. Buckland (a discovery of the highest interest to geology) are these excrements, and it seems extremely probable that, in these strata, England possesses the means of supplying the place of recent bones, and, therefore, of improving agriculture—of restoring and exalting the fertility of her fields.

"In the autumn of 1842, Dr. Buckland pointed out to me a bed of coprolithes in the neighbourhood of Clifton, from half to one foot thick, inclosed in a limestone formation, extending as a brown stripe in the rocks for miles along the banks of the Severn. The limestone marl of Lyme Regis consists, for the most part, of one-fourth part of fossil excrements and bones. The same are abundant in the lias of Bath, Eastern and Broadway Hill, near Evesham. Dr. Buckland mentions beds, several miles in extent, the substance of which consists, in many places, of a fourth part of coprolithes.

"Pieces of the limestone rock of Clifton, near Bristol, which is rich in cropolithes and organic remains, fragments of bone, teeth, &c., were subjected to analysis, and were found to contain above 18 per cent. of phosphate of lime. If this limestone is burned, and brought in that state to the fields, it must be a perfect substitute for bones, the efficacy of which as a manure does not depend, as has been generally, but erroneously, supposed upon the nitrogenised matter which they contain, but on their phosphate of lime. The osseous breccia found in many parts of England deserves especial attention, as it is highly probable that, in a short time, it will become an important article of commerce.

"What a curious and interesting subject for contemplation! In the remains of an extinct *animal* world England is to find the means of increasing her wealth in agricultural produce, as she has already found the great support of her manufacturing industry in fossil fuel—the preserved matter of primeval forests—the remains of a *vegetable* world. May this expectation be realised! and may her excellent population be thus redeemed from poverty and misery!"

The Phrenological Library—Gall on the Functions of the Brain. Part 1. London, 1843. pp. 48.

Although not phrenologists ourselves, we cordially sympathise with those who study it in the right way, and are modest in the application of it. We are glad to see this attempt to draw from the fountain head. Gall's writings may be read with amusement and instruction by the physiologist and the physician. The trashy productions of his degenerate followers excite nothing but disgust for their presumption and bombast. The translation before us appears carefully done.

QUEEN'S COLLEGE, BIRMINGHAM.

The winter session of the Queen's College commenced on Monday last, when the introductory address was delivered by Dr. James Johnstone.

After a short review of the rise and prospects of the Birmingham School, and a well merited eulogium on Mr. Sands Cox, its founder, and on the Rev. Dr.

Warneford, its munificent benefactor, the learned lecturer gave a rapid sketch of the origin of the science of medicine, and of the manner in which its various branches should be studied in the present day. He justly insisted on the great importance of chemistry. But as our space does not suffice for a long extract we must content ourselves with the following admirable remarks on the necessity of a *general* superadded to a professional education. A meet answer they are to that miserable school of utilitarian economists, who would banish all humanising learning from the curriculum.

"To attain perfection in those branches of medical science which are of most importance, it is by no means requisite that all other studies should be neglected. On the contrary, since the intellectual capacity is enlarged by education, all those pursuits which, by increasing the number and association of ideas, invigorate the memory and assist in maturing the judgment, prepare the understanding to receive and digest the more weighty professional matters. The perceptive faculties, it is true, are very effectually sharpened by medical investigations, yet even the most accurate observation of facts, and the most extensive erudition, are of no avail to the physician or surgeon, unless he know how to use the materials which he has collected; and this depends not upon the measure of his acquirements, but upon his mental powers, and especially upon soundness of judgment. The more abstruse studies are certainly instrumental in forming great reasoners; and in my own experience as a lecturer I have most commonly found that the seeds of knowledge have taken the deepest root, and produced the best fruit, in those minds which had been previously cultivated by general literature and science. It is a remark, indeed, of Sir Joshua Reynolds, in his admirable 'Discourses on Painting,' that 'the great business of study is to form a mind adapted and adequate to all times and all occasions, to which all nature is then laid open, and which may be said to possess the key of her inexhaustible riches.'

"Nor is the extensive insight into human character, which general reading gives, of small utility to the medical man. Society offers opportunities for intercourse with the living, but it is only through the medium of books that we can hold converse with the dead; and by this means alone have we the power of communicating with the greatest intellects of all ages and of all nations. But to understand the literature of a people it is necessary to be master of their tongue, and for this reason an acquaintance with ancient as well as modern languages is an accomplishment of the greatest value. From the time of Hippocrates until the middle of the last century every standard medical work was written either in Greek or in Latin, and in the present day books of high authority are constantly issuing from the presses of France and Germany, so that he who does not know some languages besides his own, must either be ignorant of a large portion of medical as well as of general literature, or trust to translations which are often fallacious. Laying aside all other considerations, since no man can constantly dwell upon one subject alone with any degree of benefit to himself, what can afford more rational or agreeable relaxation than classical and modern literature?—or, together with the fine arts, be more conducive to refinement and elegance of taste?

"If, indeed, the sole object of a medical education were to qualify the student to pass certain examinations, nothing more, perhaps, would be wanted than what the most contracted plan of instruction could teach; but let him who wishes to become an accomplished and successful practitioner consider man not only as a complicated machine, but as a social and intellectual being. When studying the physical functions, the phenomena of their diseases, and the mode in which medicines operate upon them, let him not forget that the body and its maladies are much influenced by the feelings and passions of the mind.

"All impressions upon the cerebral nerves of sensation are transmitted to the brain, wherein are formed those numberless combinations of ideas, whence emanate all the creations of human intellect. But as one set of nerves conveys impressions to the brain, so another transmits the impressions from the brain to the other organs. Considering, then, the connexion between mind and body, which is established by the brain and the nerves, it is not surprising that corporeal disorders frequently affect the mind, while mental emotions and passions also possess considerable influence over the body and its diseases."

"In many disorders, and particularly those of the nervous system, more relief may often be afforded by skilful management of the feelings and passions, than by any medicine which could be prescribed."

After the lecture there was a distribution of prizes to the meritorious students of the past session; and the thanks of the meeting were cordially given to the learned principal, Dr. Johnstone, for the share he had taken in the proceedings of the day.

SHEFFIELD MEDICAL SOCIETY.

The first meeting of the third session was held October 5, when Dr. Favell was elected president, and Messrs. Law and Skinner secretaries. Two new members were elected and another proposed. Several members announced papers to be read during the session.

BOOKS RECEIVED.

Lectures on the Principles and Practice of Physic, delivered in King's College, London. By Thomas Watson, M.D. In two volumes. London: 1843.

Tables of the Climate of Sidmouth. By W. H. Cullen, M.D. Sidmouth: 1843.

The Phrenological Theory of the Treatment of Criminals defended by Mr. B. Sampson. pp. 20.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, October 6, 1843.

T. Sumner, W. W. Moxhay, R. Tyrer, J. Holliday, R. Martin, S. Battley, E. Edmunds, J. E. Huxley, W. Brown, T. Hawksley, G. Appleton, J. Benson, H. Johnson.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to order from their Booksellers, without delay, any numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later numbers.

J. L. (Manchester.)—The publishers of the work can alone answer the question.

Mr. Tuton's case of ovarian dropsy shall receive early insertion.

Mr. Buckell.—We will procure a satisfactory answer if possible.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

DISEASES OF THE UTERUS.

Next week will be published, 8vo, 9s, cloth,

PRACTICAL TREATISE on ORGANIC DISEASES of the UTERUS; being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for 1843. By JOHN C. W. LEVER, M.D., M. R. Coll. Phys., Assistant-Accoucheur at Guy's Hospital, &c.

London: Longman, Brown, Green, and Longmans.

PROFESSOR OWEN'S HUNTERIAN LECTURES.

Just published, 8vo, with nearly One Hundred and Forty Illustrations on Wood, 14s, cloth,

LECTURES on the COMPARATIVE ANATOMY and PHYSIOLOGY of the INVERTEBRATE ANIMALS, delivered at the Royal College of Surgeons in 1843. By RICHARD OWEN, F.R.S., Hunterian Professor to the College. From Notes taken by William White Cooper, M.R.C.S., and revised by Professor Owen.

London: Longman, Brown, Green, and Longmans.

MEDICO-CHIRURGICAL TRANSACTIONS.

Published this day, 8vo, with Plates, 15s boards,

MEDICO-CHIRURGICAL TRANSACTIONS, Published by the Royal Medical and Chirurgical Society of London. Vol. XXVI.—Second Series, Vol. VIII.

CONTENTS:—Dr. Webster, Case of Paralysis, without Loss of Sensation; and Statistics of Bethlem Hospital—Dr. Tice, Case of Bronchial Calculus—Mr. Erichsen, on Congestive Pneumonia—Mr. Robinson, Experiments on the Kidney—Dr. A. Wilson, Case of large Biliary Calculus—Mr. Gulliver, on Fatty Degeneration of Arteries—Dr. Bence Jones, on the Calculi in St. George's Hospital; and on the Sugar in Diabetic Blood—Mr. Bloxam, Ulceration of Jugular Vein—Mr. O. Clayton, on Hysterical Affection of Larynx—Mr. Liston, Case of Erectile Tumor, and Remarks on Hydrocele—Mr. Frogley, Cases of Osteo-Sarcoma—Dr. Hunt, on Cancrum Oris—Mr. Crowfoot, Case of Ulceration of Pulmonary Artery—Mr. Luke, on Strangulated Hernia—Dr. Clendinning, on Indian Hemp—Dr. Bell, on an Epidemic in Persia—Mr. Dalrymple, on Ossification of Encysted Tumors—Dr. Hodgkin, on Anatomical Character of Adventitious Structures—Sir B. C. Brodie, Case of Foreign Body in Bronchus—Mr. Toynbee, on the Pathology of the Ear—Mr. Shaw, on Effects of Rickets on Growth of Skull—Mr. Lloyd, on Spermatozoa in Hydrocele.

London: Longman, Brown, Green, and Longmans.

GREGORY'S PRACTICE OF MEDICINE.

8vo, cloth, price 16s,

ELEMENTS of the THEORY and PRACTICE of MEDICINE; designed for the use of Students and Junior Practitioners. By GEORGE GREGORY, M.D., Fellow of the Royal College of Physicians. Fifth Edition, considerably enlarged and improved.

London: Henry Renshaw, 356, Strand.

Just Published, fcap. 8vo, sewed, Part I, price 4s,

THE PRINCIPLES of FORENSIC MEDICINE, Part I; containing Medical Evidence—Personal Identity—Age—Sex—Impotence—Rape—Pregnancy—Delivery—Fœticide—Infanticide—Legitimacy. By WILLIAM A. GUY, M.B., Cantab., Professor of Forensic Medicine, King's College, London.

Part II will be Published November 1, and Part III, completing the work, on March 1, 1844.

London: Henry Renshaw, 356, Strand.

NEW WORK BY PROFESSOR LIEBEG.

In One Volume, fcap. 8vo, 4s 6d, cloth,

FAMILIAR LETTERS on CHEMISTRY; and its RELATIONS to COMMERCE, PHYSIOLOGY, and AGRICULTURE. By JUSTUS LIEBIG, M.D., Professor of Chemistry in the University of Giessen. Edited by JOHN GARDNER, M.D, Member of the Chemical Society.

Printed for Taylor and Walton, 28, Upper Gower-street.

Just published, in foolscap 8vo, in neat cloth, price 3s 6d,

OBSERVATIONS on the EXTRACTION of TEETH: with Plates. By J. CHITTY CLENDON, Surgeon-Dentist.

"This little book, written in an excellent spirit, deserves to be examined by every person who gives advice on diseases of the teeth, or operates upon them for their removal. We have never seen a more satisfactory literary production devoted to a single subject (the extraction) from the pen of a dentist. Nine out of ten such works are nothing but discreditable advertisements and puffs. In the present case we have a sound practical work, evidently the result of a simple and sincere desire to be useful in the art, not hastily produced, but based on careful reflection and experience, and well meriting the best character that can be given to it by a medical journalist."—*Lancet.*

SCHOOL OF MEDICINE, PARK STREET, DUBLIN.

In the Press, and will be published in a few days,

A DESCRIPTIVE CATALOGUE of the ANATOMICAL and PATHOLOGICAL MUSEUM of the SCHOOL of MEDICINE, PARK-STREET. 8vo. Fannin and Co., Dublin.

This volume is intended to make the ample means of instruction possessed by this school as fully available as possible to the students. It is designed to serve as a hand-book to the study of Human and Comparative Anatomy and Pathology in the select and extensive Museum attached to the Institution.

LECTURES, commencing on the first week in November, will be delivered as usual, on all the necessary branches, and *Practical Anatomy*, conducted, on the *same terms* as heretofore.

By order, J. HOUSTON, M.D., Sec.

31, York-street.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 160.] LONDON, SATURDAY, OCTOBER 21, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.
Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XV.

June 30, 1843.

Extraordinary case of a Jewish child infected by the operation of circumcision—Peculiarities of chancre arising from its seat—Chancres on different parts of the penis; in the urethra; in the female; in unusual situations—Prognosis of chancre: first, with regard to its local consequences; secondly, with regard to the chance of bubo; thirdly, with regard to the chance of secondary symptoms—Aphorisms on this point—Period at which all fear may cease.

Gentlemen,—Before we resume the history of chancre, I cannot refrain from mentioning to you a case which was confided to my care but yesterday, and which is highly important to us at the present moment, as it bears on several points we have already examined together.

A *Jew* child, aged two months, was brought to my house with an indurated chancre of the prepuce, enlarged glands in the groins, and a general eruption of syphilitic papules all over the body. The parents stated that the infant had been circumcised a week after his birth at the synagogue, according to the rites of their creed, that the wound had festered, and became gradually *harder and harder at its base*, and that the eruption first broke out three weeks after the operation.

This interesting case, in which general syphilis developed itself fully, in the same manner, and nearly within the same period, as in the adult, was further important with regard to the difficulty of ascertaining the exact mode of infection. Hereditary syphilis is altogether out of the question, the child still presenting the primary ulcers—first cause of all the mischief. Where is that ulcer seated? On the very part where a wound has been inflicted. Three modes of inoculation of this wound can alone be admitted: 1, The knife or razor used may have been previously employed on a chancrous subject, and, being imperfectly cleaned, have become the cause of inoculation. 2, The dressing applied to the wound may possibly have been also soiled with inoculable matter, and thus changed a simple wound into a chancre. 3, The practice of sucking the wound—an important part of the Hebraic ceremony—may have caused the transformation of the incision into a sore—if the rabbin was affected with chancre of the mouth. Now, the persons to whom this duty is confided, are not by far the highest of their caste, but a sort of upper servants of the temple, who are not at all above suspicion. It is impossible, however, without more accurate data, to solve the question in an absolute manner. I will only add, as a fact not to be forgotten, that the nurse has suckled the infant ever since its birth, and has, notwithstanding, remained in a perfect state of health.

We now turn to the consideration of the peculiarities of chancre relative to its seat.

Chancre may occupy the prepuce or the glans penis. Primary ulcer of the prepuce mostly affects its limbus or orifice. Here the physical condition of the part, so liable to lacerations and fissure during coitus, explains at once the frequency of the sore at this point, and its special fissure-like shape.

Seated further back under the prepuce, chancre easily excites a degree of tumefaction, the results of which are accidental phymosis and symptoms of balanitis. The presence of chancre may, however, be recognised by the circumscribed seat of the pain, which is diffused around the corona glandis in balanitis; by the nature of the discharge, thick and creamy in balanitis, thin and sanious when arising from chancre.

A gentleman of Versailles was affected with complete induration of the prepuce, with total incapacity to draw it back; the surgeon's diagnosis was malignant disease, and I was called in, merely as an operator, to remove the obnoxious prepuce, which I did.

Six weeks afterwards a most perfect syphilitic eruption occurred, which both explained the rapid cure of the wound made after excision of the supposed cancer, and fully exposed its true nature.

Chancre of the mucous surface of the prepuce not unfrequently determines abscess of the cellular tissue, and a perforation of the prepuce through which the glands may protrude.

When the foreskin can be reflected, so as to uncover the glans, chancre is usually found at its base, and is very common also at the meatus, where it is sometimes visible in part, but where it can occasionally be seen only when the lips of the meatus are held open.

Perhaps the most frequent seat of chancre is the frœnum, from its great tendency to tear during erection and sexual intercourse. The frœnum is often perforated transversely, and a bridge left, containing the artery, which is ulcerated only by the ulterior progress of the sore.

The inguinal fold, the skin of the penis, that of the abdomen, as you have lately had various opportunities of convincing yourselves, enjoy no immunity from chancre; but in the last named region the tendency of the ulcer to cover itself with a scab is a frequent source of error.

On true mucous membrane, the humid state of the

surface prevents altogether the formation of a crust; and on the lips you will find the sores concealed under a sort of "mezzo termine" secretion, something between liquid and crusty matter—viz., a pseudo-membranous substance, with a tendency towards desiccation.

I will add to the foregoing some remarks on the seat of chancre in each sex.

In the male, any part of the urethra, from the meatus to the bladder, may become affected with chancrous ulceration. Inoculation of various blenorrhoid discharges have proved the assertion to be true on the living, and ocular inspection has demonstrated it on the dead subject.

When treating of gonorrhœa, we mentioned the chief symptoms of urethral chancre; we said that the incubation is supposed to be longer in gonorrhœa virulenta than in simple urethritis, and we showed that no such thing as incubation really exists in either one or the other, but that the discharge from urethral chancre is so trifling as not to be perceived for several days—hence, the general error. We mentioned the sanious, rusty hue of the secretion, nor did we omit to speak of the pain experienced by the patient in the *circumscribed* extent of the chancre, either during the introduction of a catheter, or the passing of urine. When the sore is not far removed from the meatus, it may also sometimes be seen, either by simply separating the lips of the meatus, or by the use of the "speculum urethræ" of Ségalas. As to the "smell" of the discharge, it is of no use or advantage whatever for the discrimination of its nature.

The orifice is the part of the urethra most commonly affected with chancre; the occurrence is rarer and rarer as the deeper parts of the urethra are investigated.

All the signs of urethral chancre enumerated above can give only a probability of its existence; a positive certainty can be acquired only by successful inoculation.

In the female, the fourchette, the vulva, the caruncule, the præputium clitoridis, are the most common seats of primary ulcers. Chancre may occupy the os uteri, but is rare in the cavity of the neck or body of the womb. It is rare also in the vagina.

Perhaps more frequently than in the male does chancre exist in the female urethra. I shall say nothing further in vindication of the all important use of the speculum in such diseases.

In both sexes the anus may be the seat of primary disease, chiefly on its anterior aspect. It may easily be confounded with simple fissure—a mistake committed not very long since by a distinguished professor of clinical surgery, who incised the sphincter, and gave rise to an immense chancre, which I had the trouble of curing.† * * * * * *

Prognosis of Chancre.

This must be considered under a threefold aspect: 1, The local injury which the sore itself may produce. 2, The chances of bubo. 3, The effects of chancre on the constitution.

† We omit many passages relating to cases which, thank Heaven, English practitioners need not trouble themselves about. They are far more curious than instructive or delicate. The learned professor says, *inter alia*, "I have attended one of our great poets—a man of unruly imagination(!)—for chancre of the 'pharynx,' which I tested by inoculation."—Eds.

1. *Local Prognosis.*—As far as the sore is concerned, its spontaneous cure is now demonstrated to be possible; the most severe local forms of ulcers are undoubtedly the phagedenic and gangrenous varieties. You may, however, perceive that, when the chancre meets aponeurotic or fibrous structures, it is occasionally limited thereby in its further progress, as in the last patient of our second ward, who had a phagedenic and gangrenous sore of the glans, which was limited by the tissue which separates the corpus cavernosum from the glans.

The unlimited period during which the phagedenic and diphtheritic chancre may last, makes it also a very formidable ulcer. Even though its size may be limited to a small space, yet the prognosis must be very guarded as to its duration.

Indurated sore has no tendency to enlargement; it is seldom painful: hence, as far as local disorder is concerned, the prognosis is favorable.

2. *With reference to Bubo.*—Enlargement of the inguinal glands may exist in all, or almost all, chancres; it is, however, rare to see them swelled to a considerable size in the phagedenic gangrenous chancre.

With simple chancre bubo is frequent, and its suppuration very common.

Tumefied lymphatic ganglions accompany almost all indurated chancres, but I have never known them to suppurate.

Suppurating bubo is most frequent in man from ulcers of the frœnum, and in females from sores of the vicinity of the meatus; and as chancres in women are more usually observed at the fourchette, the less frequent occurrence of bubo in one sex than in the other is at once explained.

I have never seen bubo occur from an inoculation practised by myself; not that the artificial sore is incapable of producing it, but merely because the seat which I choose for the operation—viz., the inner part of the middle of the thigh—appears, from the anatomical distribution of its lymphatics, to be less subject to the accident. Cases of inoculation performed by others are adduced, wherein bubo occurred, either from neglect in destroying the sores, or, more probably, from simultaneous sores of the genitals. These facts have been brought forward, as objections to the method of inoculation, by a person who ought to be the very last to make such an objection, inasmuch as his favorite theory is, that bubo may exist without chancre, and be the first symptomatic manifestation of syphilis. How, then, we will ask, can he be certain that the bubo he observed in a case of inoculation was due to the operation, and not to some previous infection?

Bubo may be observed to occur at any period of the existence of chancre. I have seen it occur six months after the beginning of the sore of the genitals, which had never been healed during that time. I have met with it at the close of the second year of a phagedenic ulcer, which had deeply furrowed one groin, descended to the neighbourhood of the anus, and invaded the opposite sciatic region, where some lymphatics of the hitherto healthy groin, becoming implicated, gave rise to inguinal chancrous abscess.

Cauterisation of chancre does not always prevent bubo, but it may, at any rate, be disculpated from the charge of producing it, as bubo occurs far oftener

in cases where the original chancre has undergone no cauterisation than in opposite circumstances. In this respect my opinion is in direct contradiction with that of Bell. The cases he adduces to prove the sinister influence of cauterisation are utterly without value; he neither mentions the period of the chancre at which the operation was performed, its previous duration, its seat, nor any one of the important points, without which his arguments are inadequate to support his position. It is, moreover, quite clear that the longer a patient is allowed to carry an ulcer, secreting inoculable pus, the more will he be exposed to special irritation of the inguinal glands. On the other hand, the sooner the ulcer is *destroyed*, let it be by caustics or otherwise, the more will the chances of escape from bubo increase in number.

There is a celebrated case of Van Swieten, adduced to prove that cauterisation of chancre may cause secondary syphilis; you shall judge of it. "A man is affected with chancre during THREE MONTHS; at the expiration of that period it is cauterised with nitrate of silver, and *three days* afterwards secondary syphilis appears!"

I will not dismiss the subject without stating that I have had frequent opportunities of convincing myself, from inspection, that the hard string felt on the dorsum of the penis, in cases of chancre, is not formed by a tumefied vein, as the name given to the symptom, "dorsal phlebitis," would imply, but by an inflamed and distended lymphatic, from which I have frequently succeeded in extracting inoculable matter.

The circumstance of a patient with chancre being placed under the influence of mercury, has no value whatever in the prognosis of chancre with reference to bubo.

3. *Prognosis of Chancre, with reference to the Probabilities of Secondary Infection.*—As to the probable occurrence of secondary syphilis, I can positively bring forward the following propositions as the result of my experience:—

1. Primary ulcer is the indispensable precedent of secondary syphilis; without chancre there can be no general infection, except in the rare case of hereditary disease.

2. Simple, non-indurated chancre, and gangrenous chancre, are very seldom, and only in exceptional cases, followed by secondary syphilis.

3. Indurated chancre gives *always* rise to constitutional infection.

4. The seat of chancre does not in the least degree influence the production of secondary symptoms. Provided the chancre be indurated, secondary disorder is as common and as constant after sores of the mouth, hand, nose, or foot, as after chancres of the penis.

5. The size of a chancre, the number of sores a patient is affected with, do not increase his chances of general infection, always provided none be indurated.

6. If the primary ulcer be destroyed during the six first days of its existence, no secondary symptoms will follow.

7. Six months having elapsed after the cure of a chancre (no mercury having been exhibited) without the appearance of any secondary eruption, all fear of constitutional symptoms may be laid aside.

A CASE
OF
MALIGNANT DISEASE OF THE OS UTERI,

COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

By THOMAS DORRINGTON, Esq.,
Surgeon to the Manchester and Salford Lying-in-Hospital.

(*Continued from page* 33.)

Cases in which the Natural Powers have not been able to effect Delivery, but in which this has been effected by Artificial Means, compatible with the Life of the Child.

Madame La Chapelle, in her "Pratique des Accouchemens," vol. iii, pp. 371—7, gives three cases, of which the following are abstracts:—

CASE I.—Catherine D., a tall, thin woman, aged thirty-four, was pregnant for the sixth time. All her labors had been very easy. Two years intervened between the fifth and sixth pregnancy, the commencement of which was attended with moral suffering. She had hæmorrhage from the uterus from two months before to six months after conception, when it was checked by repeated venesection. It reappeared, however, often in the eighth month. During the last three weeks of the ninth month she had slight pains, and a rather abundant discharge of water. On the 6th of May, 1819, she had more active pains, and the discharge of some drops of blood. The uterine orifice was very irregular, and was surrounded by four or five hard, smooth, irregularly disposed tumors, the largest of which was backwards. These tumors, which were separated by healthy but very narrow intervals, were slightly moveable on each other. The neck of the uterus had not undergone the usual changes, but was two inches long. It was not so hard, and more uniform on its mucous surface than at the orifice. The head presented. The pains hung about her during the 6th, 7th, and 8th, when great feverishness and depression showed themselves. Baths, half baths, and enemata, were used, and on the evening of the 8th stronger pains came on, and threw the patient into a state of anxiety, paleness, and very alarming oppression; she was covered with sweat; the pulse was frequent and contracted. An ethereal draught was given. The neck of the uterus was now only an inch long, and softer, and the tumors more moveable and distant from each other. Afterwards the internal orifice of the cervix dilated, and the membranes began to protrude. On the morning of the 9th the os uteri was dilated to the diameter of two inches, the tumors being posteriorly, some irregularities only anteriorly The abdomen was painful, and there was vomiting of green matter; she was pale and feeble. A draught containing wine was given. At three o'clock the membranes were artificially ruptured; the waters were discharged, but the pains were feeble, and the head remained stationary. At four o'clock the forceps were applied on the sides of the pelvis, the tumefaction of the scalp preventing an exact diagnosis of the position of the head. The extraction was easy; the child was dead, and its integuments abraded at many points. There was moderate hæmorrhage after the expulsion of the placenta, which was stopped by con-

traction of the uterus under friction, but the patient grew pale and faint without syncope occurring. She sunk by degrees, and died on the 10th, about three o'clock, preserving her faculties to the last.

Sectio Cadaveris on the 11th.

The cavity of the abdomen exhibited very decided evidences of general peritonitis, with puriform effusion. The uterus, which was relaxed, large, soft, and flat, showed the neck widely open, unequal, offering different ragged divisions; backwards, and to the right side, there was a whitish nucleus, the size of a nut, and composed of a fibrous tissue, infiltrated with cerebriform pulp; backwards, and to the left, another scirrhous growth, very similar, but less, was separated from the first by a large laceration extending through the whole substance of the cervix, except the peritoneum. The vagina was also slightly lacerated. The uterine laceration was three inches long, and other smaller lacerations existed anteriorly. The pelvis was well formed.

Madame La Chapelle attributes the death in this case rather to the peritonitis than to the lacerations.

Case II.—Julia Boss, thin and feeble, was pregnant for the sixth time. From the second month she felt lancinating pains in the uterus, and after this she had leucorrhœa. She arrived at the hospital in August, 1819, seven months' gone. Examination proves the neck of the uterus to be hard, unequal, thick, scirrhous, and closed, and to be composed of a ring, swollen and contracted at intervals. On the 21st of August there were uterine contractions, with sanguinolent mucous discharge, but no change in the cervix. On the 24th the neck was a little open, and the membranes had ruptured. In the evening a laceration took place posteriorly; the woman lost blood, and was pale and weak; the head of the child was low. On the morning of the 25th the weakness went on increasing, the pains ceased, the os uteri was two inches and a half in diameter, and many lacerations or rents separated the tumefied parts of the scirrhous ring. The forceps were applied, not without causing much pain to the mother. The infant was born alive, but feeble, as one might expect at the seventh and a half month of pregnancy. After the expulsion of the placenta, which followed ten minutes after the birth of the child, we felt confusedly the ragged character of the neck, and especially a deep fissure posteriorly; a little discharge of blood followed; it coagulated rapidly. The weakness and spasm which followed this operation were tempered by the joy which the patient had at finding herself at last delivered. The pulse soon rose; sweat appeared, and her health was soon re-established. Some months after I learned that this woman still complained of pains in the neck of the uterus; the cancer, doubtless, has been progressing.

Case III.—On the 18th of November, 1819, we had at the hospital a third woman, named Esther Phul. This woman had also scirrhus of the neck of the uterus, which, for forty-two hours, prevented dilatation of the orifice. Seeing that there was hardly a possibility of this dilatation taking place, I acquainted M. Baudeloque with the state of affairs, and he made in our presence many radiated incisions in places where the scirrhus offered the least thickness. After this operation we availed ourselves of the room thus made to apply the forceps, and to deliver a living male infant, seven pounds weight. The presentation was the vertex in the first position. Nothing remarkable occurred in her recovery.

Dr. Robert Lee, in his "Clinical Midwifery," p. 82, gives the following case:—"Several years ago, a woman with malignant disease of the os uteri, and who was three or four months pregnant, was admitted into St. George's Hospital. She afterwards went to Margate, but though labor came on at the end of the seventh month, the os uteri did not dilate sufficiently to allow the fœtus to pass, and it was extracted with the vectis. Symptoms of ruptured uterus soon followed. Mr. Price examined the body after death, and sent the uterus to me. The whole orifice and neck of the organ was destroyed by cancerous ulceration, and the anterior part of the cervix was lacerated."

In none of these cases have we any evidence as to the diseased parts being *very bulky;* the resistance afforded to the *dilatation of the os uteri* by the scirrhous deposit has rather seemed the impediment to delivery. In the two first cases the forceps were used rather on account of *want of uterine action* than on account of a narrowing of the pelvic diameters; in the third case the parts were avowedly incised *because they would not dilate,* whilst the reason of the forceps being used is not stated, though I think we may assume it to have been uterine debility ensuing after forty-two hours "labor in vain;" and in Dr. Lee's case the vectis was used to *drag* through *parts that would not* DILATE *sufficiently* a seven months' child, laceration being the inevitable consequence of such an operation. Out of the 4 cases, the children were born living in 2, dead in 1, not noticed in 1. The labors were premature in 2 cases, one at the seventh, the other at the seventh and a half month. As regards the mothers, 2 died very soon after labor, in one case, however, rather from peritonitis than carcinoma, the other 2 leaving the hospital well. One of these was heard of afterwards as still suffering from symptoms of cancer, and of the other we have no report. Did she escape the usual fate? Our experience of the fatal nature of the disease forbids us to think so.

The practical conclusion to be drawn from these cases is, that, when the diseased structures are indurated to a great extent, but *not excessively bulky,* after giving nature a fair time, and finding her efforts unavailing, we have the resource of incising the os uteri, if the uterine action is not strong enough to lacerate it, and of applying the forceps or vectis if, when the os uteri is lacerated or incised, the labor pains are insufficient to propel the head. The prognosis for the child is on the whole favorable, but for the mother extremely uncertain.

[*To be continued.*]

M. BAILLEUL'S TREATMENT OF SMALL-POX.

This consists in the constant application of chlorinated lotions, so as to decompose the poisonous secretions of the skin at the instant of their formation.

SPIDERS DISCHARGED FROM THE EYE. HYSTERIC MONOMANIA.

By A. Lopez, M.D., Mobile, Ala.

I was requested, on the 5th of February, 1840, to visit a young lady, from whose mother I received the following statement:—The patient had left the city of Charleston, S. C. (at which place I then was), to visit a friend who resided in the country. On the night of the 29th of January, while conversing in bed, she was sensible that some object had fallen from the ceiling of the apartment upon her cheek, just below the inferior lid. This caused her to apply the hand briskly and forcibly, in order to brush off what she supposed to be some one of the many insects so common in country houses, upon which the friend with whom she slept observed that, as the room was much infested with spiders, it was probable that the object which had fallen was one of them. In the course of the night she was awakened by a feeling of intense pain *in her left eye*, which continued at intervals until morning, when, upon examination, the eye was discovered to be highly *inflamed* and *lachrymose*. Ordinary domestic means were applied, and during the morning, feeling an intense degree of itching and irritation, she rubbed the lids together upon the ball, and removed *two fragments*, which were readily recognised as the *dismembered parts of a spider*. Her alarm in consequence became very great, and was much heightened when the same thing was repeated in the afternoon. She left for home, and arrived in Charleston on the 2nd of February. During the voyage her mind was much perturbed and under considerable excitement from the event, and when I paid my first visit on the 5th, the date mentioned in the early part of my statement, the following was her condition:—The right eye unaffected; the *left* turgid, inflamed, and weeping, and there *had been removed from it that morning, a spider*, imbedded in a mucous covering. It was entire, with the exception of two legs. The two preceding days before I had seen her, *three others* had been removed, and were now exhibited to me. I immediately submitted the eye to as close an examination as the irritable condition of the parts permitted, *without being enabled to discover the minutest portion of any foreign substance*. In order, however, to combat the pain and inflammation, I ordered leeches, saline-antimonial medicines, and evaporating lotions. I thenceforward visited her daily, until the 19th, and at *every visit I removed either an entire or dismembered spider from the same eye*. Before proceeding it will be well to mention that, during the interval between the 5th and 19th, I invited to an examination of the case Professors Geddings and Dickson, and Drs. Bellinger and Wurdeman. Dr. Dickson on one or two occasions also removed these objects from the patient's eye. I made, assisted by Professor Geddings, the most minute scrutiny, with a view of discovering, first, whether there could possibly exist a nidus within the orbit for these animals; secondly, whether a sac containing their ova was there concealed; and, thirdly, if any communication between the eye and nose could account for their appearance. For these purposes, the superior and inferior palpebræ were everted with great care, traversed thoroughly with a blunt probe, and afterwards I threw injections around the internal lining, but all to no avail. The anterior and posterior nares were closely examined by strong light, both of the sun and candle, yet we could not perceive the slightest trace of any means by which either ova, insect, or nidus could be retained.

The sensations always precursory to their removal were, a sense of burning in the ball, a pricking of the superior lid, proceeding more or less severely around the orbit, until it assumed a fixed pain within the lower lid, upon the eversion of which by myself, if present, or by her mother, in my absence, the spider, always dead, would be discovered enshrouded in its mucous bed, and removed by means of the finger or probe. I now resume the order of their discharge. From the 19th they were removed *from both eyes*, and so continued until the 23rd, when again they became confined to the left, and afterwards *from each eye alternately* until the 5th of March, when truce was had until the 10th. During this interval the eyes resumed their normal condition, but again on the 10th the inflammation was renewed and the discharge of spiders recommenced, the *right eye* being now chiefly the depository. Up to the date, during which time my visits were unremittingly made, none other than general observations were kept, but, the spider-making power appearing so inexhaustible, a more circumstantial diary was thought necessary.

March 10. Two spiders.

11. Two; pain over right orbitar region, passing gradually over the frontal sinus to the left; sharp pricking pains upon pressure.

12. Previous to my visit one from the left eye, *which was much less inflamed than the right*.

13. Eyes much improved in appearance; one discharged since my last visit, and another just previous to my departure this morning. As this discharge served greatly to perplex the views at which I shall arrive before I conclude this paper, it may not be irrelevant to notice it. I have mentioned the scrupulousness with which the eye and its appendages were examined in order to elicit, if possible, any clue by which to unravel this engima, and the fruitlessness of those exertions. It appears, then, that, on the day of this visit (the 13th), a spider was removed before my arrival. A servant was despatched for it to a neighbour's, whither it had been sent for examination. Some time elapsed before her return, during which time I sat in such a relative position to the patient as to preclude all possibility of deception, and I had this day, as was my wont at every visit, made a careful examination of the eye, without discovering a vestige of any kind of substance. Upon the return of the servant I arose to depart, at which moment the patient complained of pain, and, in a few seconds, by turning down the lower lid, I *removed another spider*.

15. Eyes extremely healthy and clear. On the 13th, just after my visit, the mother removed *three* spiders, two entire and one broken; also a *putrid substance*, the precise nature of which I could not define. No others discharged to date.

17. None since 15th; right eye more affected, upper lid much irritated and swollen; left eye healthy.

18. Right eye still inflamed, discharged a *portion of web* from the inner canthus.

19. Eyes the same, *another piece of web.*

20. Eyes perfectly natural. After my departure on the 19th, there was removed a *sacculum containing ova.*

27. None since the 20th until to-day. The left eye being inflamed and painful, she was advised by a friend to insert an eye stone, which, at its exit, protruded *one spider of the long-legged kind, entire.*

April 6. None since the 27th ultimo. Eyes healthy, and generally improved in their appearance.

13. None since the 6th. Eyes healthy; has used them since my last visit in sewing and reading without inconvenience.

May 14. None since the 13th of April. Eyes healthy until a few days past; to-day they are weak, lachrymose, and slightly injected. They, however, improved under remedial measures, and the case terminated.

The total number of spiders removed from commencement were between forty and fifty. During the progress of this very singular case, the treatment was regulated according to the greater or less degree of local or general disturbance. The patient was restored to good health, and continued so uninterruptedly to the date of my leaving Carolina in November, 1840.

I have presented the facts as succinctly as possible, and here, perhaps, in the opinion of many, it should rest; but other considerations may offer themselves to warrant a further notice. They are these :—First, a case so anomalous, and of so unusual occurrence, could not well exist without necessarily exciting an intense degree of public curiosity, and, in fact, becoming, as it did, a subject of general notoriety and discussion in the various public presses of the union, all of which, however, were strictly unprofessional, as this is the first entire and correct statement yet made on the subject by myself. Secondly, the character and respectability of the patient, as well as her mother, being familiarly known to me for many years, preclude the remotest suspicion of any desire to impose, or to acquire a spurious notoriety on the part of the daughter, or of the countenance of fraud by the mother. Thirdly, the pathological history of the patient, which I will proceed to give, and which has induced me to distinguish this case as one unequivocally of *hysteric monomania.*

In adopting this rationale, I am of opinion that I conform more strictly to the category within whose scope are embraced so many equally singular and otherwise inexplicable perversions of the nervous system, and under the influence of which the most remarkable anomalies have been produced. I, moreover, am disposed to regard it rather as a melancholy though interesting feature of *disease*, than a subject of levity to be classed among the nine-day wonders of every day report. The father of the patient was a man of peculiarly nervous temperament and excitability. The patient from her childhood exhibited a due inheritance of that temperament, which became more strongly developed at that age, which, in females, so strikingly calls into action the consentaneous play of every nervous affinity. The establishment of the catamenial period corresponded with this complication. Her natural disposition was variable—at times cheerful, sometimes gloomy, but more commonly timid and reserved.

In 1839 I attended her for an attack of chorea, during which many peculiarities were observable, and a few months preceding the invasion of the case now under consideration, she was under my care for a neuralgic affection, terminating in a tremulousness of her upper extremities corresponding with what Good, in his Neurotica, recognises as "*synclonus tremor,*" except that here the morbid action is exhibited on attempt at voluntary motion, whereas in this case it was independent of such causes. In the presence of these facts, to wit, the entire confidence entertained, not only by myself, but all others, in the strict veracity and irreproachable integrity of the parties, the predisposing and salient qualities in the idiosyncracy of the patient, and the indisputable, though too frequently unexplained, effects resulting from a morbid condition of the nervous system—effects impressing their astounding influences, not only upon the physical, but also upon the psychological nature of man—can we, without becoming amenable to the charge of an indifference incompatible with the proper spirit of inquiry, which is so peculiarly the province of medical philosophy, refrain from devoting a little time to the investigation of this case?

Previously to any considerations touching the mental agency involved in this history, I will refer in abstract to a few instances, which, if not even in strict analogy, are, nevertheless, not devoid of interest, either as objects of science or curiosity. * * *

[Here Dr. Lopez enumerates several instances of pin and needle swallowing, and cases in which insects have been found in various parts of the body; but none of the latter have any analogy to the present case.]

It now remains to attempt some explanation as to the means by which the spiders obtained their "local habitation" in the eyes of my patient. As might be supposed, conjectures were not idle, and the reasons assigned assumed their complexion in proportion as the credulity or scepticism of individuals prevailed. Those who yielded to the first, of course resorted to the intervention of miraculous agency, while the latter class believed it to be an artful endeavour to impose upon the community. I need not reiterate how unjust and unphilosophical such suspicions must appear under the historical features of this case. The only attempt to explain it by a natural and direct probable cause was published by a Mr. Meddler, of Erie, Pennsylvania. In a letter addressed to the postmaster of Charleston, he gives the natural history and habits of the *wood-spider*, which, he says, unlike the rest of that class of insects who propagate their young from eggs, "*bring them forth in perfect form,*" and the female carries them about, attached to the extremity of the tail. Mr. Meddler thinks, therefore, that it was one of this kind which fell upon the young lady's cheek, and that the effort to brush it off separated the young from the point of attachment, upon which they took different directions, some into the eyes and others into the nostrils, whence they "*could easily pass*" to the eyes, and become killed there by the touch. He also thinks that the spiders discharged from the eyes "*were at different stages of maturity, and not of different species.*"

Now, Mr. Meddler errs in every particular. The wood-spider bring forth their young in "perfect form." We have shown that one of the articles removed on the 20th of March was *a sacculum containing ova.* Again, his idea of their passage into the eye at the moment of accident is disproved, because I have stated the extreme care with which I repeatedly examined that organ and all its appendages; and *surely if the extraordinary number discharged from first to last had been lodged therein, they could not have escaped observation.* They were not in the nostril, for I have also said that due exploration was there made; moreover, the communication between the nose and eyes *even in a healthy condition*, could not possibly have admitted the passage of bodies as large as many of these spiders were, much less under the high state of inflammation and swelling in which they were almost constantly found. Lastly, Mr. Meddler, deriving his history of the case solely from newspaper reports, originating with persons unacquainted with its character and progress, errs in thinking that the spiders were only "at different stages of maturity," and not of different species. The spiders removed from the eye were subjected to close microscopic examination by myself, assisted by several professional gentlemen accustomed to scientific investigations, among whom was the Rev. Dr. Bachman, whose reputation precludes all doubt, and we discovered at least *three different species*, distinguished by the anatomical classification of *Latreille*, *Walkenar*, and *Hentz*. But even supposing them to have been lodged "in perfect form," the fact that they were subjected to a residence in depraved secretions unfit to preserve the lives of insects, forbids the belief that they could have reached the different stages of size and maturity which they presented, much less so then could we suppose them to have been hatched by incubation either in the eyes or nostrils. I am, then, constrained to discard from my mind the presumption that they were lodged and perfected *previously to their discharge*, or that they were placed there by the patient in *a healthy condition of feeling*, and with a desire to impose.

The only suggestion left for my adoption is this :— That from all the preceding history of my patient, there existed a want of nervous integrity, so operating upon the mind as to produce the form of disease which I have distinguished in my text as *hysteric monomania*; and I am induced to think that the various types of mental irregularities, which an unbalanced nervous system is so familiarly known to produce, sustain the belief. It is needless, on this occasion, to investigate the diversified operations of the human mind in its physical and pathological relations, or to refer to the multiform phases it is capable of assuming under the excitement to which it is subjected by the agents which are perpetually at work upon its impressionable nature; suffice it to say, that the history of the different forms of insanity, from the highest degree of concentrated fury to the most subtile shade of the mind's day-dream, present arguments and examples sufficiently numerous to render my view of this case at least plausible.

At the incipiency of the case, I do not for an instant doubt the presence of those fragments of spiders, and perhaps one or two entire, but my opinion is, that subsequently terror, superinduced upon the idiosyncrasy described, dethroned the judgment; hallucination usurped its seat; a morbid concatenation was excited, and the patient, under the control of this influence, was urged irresistibly to introduce them from day to day, until the morbid series was exhausted. I cannot express myself more forcibly than by adopting the language of M. Ollivier addressed to the court at Paris, in behalf of a young girl arraigned for the murder of an infant. She confessed to *have given it ten pins to swallow from time to time.* M. Ollivier said, "he was inclined to attribute the present act to *one of those unaccountable perverse impulses which are not unfrequent in certain females, more especially about their menstrual periods.*" (Lancette Francaise, 1839.) M. Dupuytren says, "I have seen, at the Hotel Dieu, a great number of women and children who *had been affected with the strange mania of swallowing pins and needles.*" He then gives the case in detail, and concludes by saying, "On examining the body after death, *several hundred pins and needles* were found scattered through the viscera, muscles, cellular substance, &c."

I will, lastly, merely refer to that extraordinary form of insanity described in the "Journal de Progres," for 1828, under the title of Periodical Vino-Mania. It is reported by M. Pierquin, who says, "The disorder commenced fifteen years ago in the shape of an *irresistible impulse* to swallow wine day and night without the possibility of satiety. The *paroxysms last from two to three months*, with an interval of equal duration, when it returns again *without any prodrome* that might indicate its approach."

I here close this case, extraordinary in its character under any aspect, and, if my view of it be a correct one, it will afford another to the many which are to be found in nearly every work professing to analyze the yet inscrutable character of the human mind.— *Amer. Journ. Med. Sci.*, July 1843.

Mobile, Ala., April 26, 1843.

ON THE USE
OF
BLEEDING IN SOME CASES OF MENTAL DERANGEMENT;
WITH CASES.

No. II.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—There is another class of cases of mental derangement, to which I would draw the attention of the practitioner, requiring the use of the lancet more or less freely, according to circumstances; and these are cases which appear in the first beginning to be traceable to some mechanical injury. But as they are not all distinguished by the broad lineaments which mark the approach of other diseases, or even other forms of this disease, they in some measure challenge his foresight to detect them, or rather, to anticipate them; for the admonition of Dr. Graves, which I took the occasion to allude to in my last paper, comes into bearing with equal, if not with increased, force in the cases now to be considered. The after consequences of some of these cases are often most distressing, the

mental malady being combined with so much bodily infirmity, and the chances of cure being so painfully remote. A person in ascending a ladder, or standing upon an eminence, or pulling from a horse or carriage, receives a blow which produces no apparent injury, beyond a slight discoloration of the soft parts, and perhaps even this trifling mark of the injury that has been done to the general system is absent; no bone is broken, no symptoms of concussion ensue, and except that a slight feeling of faintness takes place, there is no reason to suppose there will be any further consequences. Happy would it have been for many a poor creature, who has passed years of his after life without the use of his reason, having previously been exposed to such an accident, had the active symptoms of concussion obliged him to be bled as soon as those of faintness had passed over, or that the injury of the nervous matter of the brain had been quieted or broken by the concurrence of a simple or even a compound fracture. Probably in such a case as I have stated, no medical assistance is sought after. This is the plan adopted in some instances, while in by far the greater number of the remainder the surgeon does not feel that he is called upon to abstract blood where there are no symptoms to require it. The person on whom the accident has fallen remains well for a week or two, or probably longer, and with the exception that the bowels are torpid and the appetite not very great, nothing occurs to create alarm or even suspicion. After this, if symptoms of acute mania come on, we have the various concomitant symptoms of that malady to direct our treatment, which, if active and judicious, is often far more frequently successful than when other causes give rise to the disease. But if it assume a more marked, or a more chronic form, we have often great change of character and a peculiar singularity of symptoms, which are not referred to the true cause and are often regarded as characteristic of spinal irritation, or classed under that safe receptacle for all unknown diseases—that opprobrium of nosology—hysteria. These latter cases in young females are most distressing and complicated, often leading to a weakness of mind, which makes them the tools of others; while their liberty, such as it is, is secured to them as a consequence of the inoffensive nature of the case. I am sorry to bear testimony to the fact of such cases being made use of, to further the ends of charlatans and Mesmerists, as a multitude of published, and I fear unpublished, cases fully prove. The dupes of the Romish priesthood, too, are often required to listen to such marvellous accounts, which, to use the words of Dr. Binns, "*oppose phenomena which are inexplicable by any of the known laws of nature*" (not even excepting those of the nervous system, of which we know quite enough to be satisfied that the phenomena, though inexplicable, are not, therefore, supernatural). They are accordingly referred to *divine* causes. The case of the Estatica of Monte Sansavino, mentioned in the "Anatomy of Sleep," is one to the point. The poor girl fell down stairs at the age of sixteen, and from that time all the wonder working performances which she went through commenced, and may, in the strictest pathological sense, be traced and referred to a decided injury which the brain received at the time of the accident alluded to. The proof of that injury was clearly shown by the immediate occurrence of a convulsion. Was this case bled, or brought under any medical or surgical treatment? If she fell among priests, the question is answered. Nor must we be surprised at any consequences, however marvellous or calamitous. If the brain were really to recover its healthy function, after such convulsions as occasionally follow concussion of the brain in scrofulous children, the patient not having been bled, we might with greater reason give vent to our surprise, than that such consequences as followed in this case should have been the return for such neglect. In such cases I have seen the convulsion yield to the flow of blood, and never recur, the patient being perfectly well a fortnight after the concussion. But we do not always have such beacons as these to mark the dangers that threaten us, as the following case will show:—

Case IV.—A farmer's wife and her daughter were riding home in their gig, when some accident occurred to throw them both out; the mother dislocated her shoulder, but the daughter received her chief injury in the head and face. She was eighteen years of age, of a sanguine temperament, and rather stout. As the outward bruises were not serious, her medical attendant did not at the time see any necessity for the abstraction of blood. The bruises healed, and she went on tolerably well for two months, with the exception of her feeling very weak and nervous. At this time she was attacked with mania. Her excitement was very great, and she continued for several weeks unconscious of any one about her. Still she was not bled. After the attack had subsided, and her senses had partially returned, she consulted a physician, who placed a seton in her neck, and this was kept in for nearly a twelvemonth, when she was thought to be well. A few months after this she became excited while riding in a gig, but she was not at this time brought under any medical treatment, but continued on occasionally subject to hysteric fits, for two years. She now for the first time was brought under my care, in consequence of the disturbed state of her mind. She could not sleep, or if she dozed off for a few minutes, she awoke in the greatest fear. She complained of pain in the head. She fancied every one was unkind to her, although she was the anxious care of every member of the family. Her appetite was very fickle, and at times, after she had taken food, she had a sensation of sinking, and felt that she could not possibly rally. Her spirits were painfully low, and she could not occupy her mind, or employ herself in any way; yet she did not lose her consciousness as on the former occasion. She was treated with active depletion, for she was stout and florid; and after the bowels had been freely acted upon, and leeches repeatedly applied to the temples, the pain in the head left her in some measure, and her sleep returned. She was also less restless, and the sinking feeling was less painful; yet she was not herself, and I placed another seton in her neck. It is now three months since the seton was made; but though depletion has been carried to a prudent extent, I find there is not the corresponding improvement in the mind. She cannot fix herself to any occupation, and there is a little wandering. I have sent her away for change of scene, but I have the greatest fear that

this case will end in the loss of mind. My belief is, that had blood been abstracted four years ago, when she was thrown from the gig, no further mischief would have ensued. To confirm this, I will state another case, which came under my treatment a few months ago, and which is now quite recovered, though it occurred under much more unfavorable circumstances.

Case V.—By occupation a groom, twenty-one years of age. Insanity is hereditary in the family. Sanguineous temperament. Four years ago he received a violent kick in the face from a horse; the hæmorrhage was so great that I had fears of his recovery. The wound, however, went on favorably, and he was well enough to work as usual in three weeks after. On the 8th of July last he was again kicked in the chest by a horse. He was not bled; and after several days, as he manifested a great alteration in his manner, his master sent him home. I saw him exactly a fortnight afterwards. He was quite deranged, talking very incoherently, and indulging in every extravagance within his reach. His pulse was full, and he was bled to twenty ounces. The bowels were well purged, and I gave him the infusion of hop. He improved from this time. His sleep became tranquil, his talkativeness left him, and in a month from the time he was bled he was able again to go to service, and is now doing very well. The following case is also instructive, inasmuch as it shows the advantage of bleeding in mania when the cause arises from a mechanical injury, while at the same time it urges upon us the necessity of abstracting blood after the body has been exposed to a great shock, though no outward sign appears to denote its necessity or to point to the impending evil.

Case VI.—A respectable tradesman, aged about thirty-eight, of a spare habit, was getting up into a loft, when the top rail of the ladder gave way, and he was precipitated backwards about eight feet on the stone, pitching below. He broke no bone, and I could not ascertain that he struck his head. There was a considerable bruise on his arm and side, but he felt no inconvenience beyond the bruise. He applied to a surgeon, who did not think there was sufficient necessity for the abstraction of blood, and he went on for a week apparently as usual. There was, however, a little more excitement than he usually showed, although it was unheeded by the family, and there was no action of the bowels during the week. On the eighth day I was called to see him, when I found him laboring under an acute attack of mania. He was very violent, and foaming at the mouth, and he required the assistance of several persons to keep him from doing mischief. I put a graduated lancet into his arm, and while he was in an upright position I abstracted thirty-four ounces of blood before he fainted. Having recovered this shortly afterwards, I placed his head over a foot-pan, and avoiding his face I poured about a gallon of water in a stream over the calvaria, the hair being previously shaved off. After this operation he was as quiet as a mouse. The pulse, which was before not very easily to be counted, now beat about 60. He did not close his eyes during the night, but there was no return of the paroxysm for more than thirty hours. On the following day there was a return of the paroxysm, when I placed a row of cupping-glasses along the sagittal suture and down the occiput, but he fainted at the loss of four ounces of blood, his diet having been nothing but toast water since the first attack. For several days the paroxysms returned. The cold application to the head in the manner above stated was continued, and his bowels were well purged; and I considered him so much improved, that on the thirteenth day I gave him a strong infusion of hop, with a saline aperient, which kept his bowels acting. His sleep was now quite returned, and in three weeks from the day I was called in I pronounced him to be well. His intellect was so far returned that he recollected all that had occurred, talked rationally and calmly, and was recovering his usual state of health. The danger, however, of these cases, in spite of remonstrances, is often when the medical attendant ceases to overlook the patient; and in this case, I am sorry to say, there was so much confidence in the amendment produced, that the friends became careless, and, being exposed to several exciting scenes when he ought to have been quiet, he became more wandering in his mind, and the necessity for his removal from home was obvious, if a restoration of mind was desired, and he accordingly left his home; since which time he has been gradually improving, though his mind at the time I am writing is not strong enough to bear the excitement of the family.

I cannot, therefore, from the experience which I have had, too strongly urge the necessity of bleeding in all cases after severe falls, though no symptoms may appear to indicate it, unless it is contraindicated by any delicate state of the constitution. If one fellow creature is spared the misery of passing years of his life without the use of his mind, by such a method having been adopted, and these observations have been the means of prompting such a mode of treatment, I shall not consider I have done an unnecessary thing in making known my opinion. Moreover, if many of those cases of hysteria which are generally so lightly regarded, were subjected to timely and judicious depletion, and brought under a more lengthened process of treatment, than in multitudes of cases they are thought to require, I am confident we should hear less of those cases of suicide in young females which alike disgrace the public journals, and disgust the public mind.

The cases of insanity which I have given, as connected with the division of the vessels of the throat, are instructing, and ought not to pass without some further observation. It is evident, in the first case, that if length of time only is necessary to constitute organic disease of the brain, it ought to have been well established here. Yet, how can we reconcile the total removal of the disease after thirty years' standing, by the flow of blood from the throat, if the disease had amounted to a lesion of the cerebral structure. We are, therefore, led to entertain ideas that are contrary to all published tables, and apparently opposed to the experience of the most practical members of the profession in this department—namely, that length of time does not form so complete a barrier to recovery as many are disposed to think. I am not anxious to convey the idea that bleeding from the arm in this case would have effected so desirable an issue as the more hazardous course that was pursued— so effectually achieved. But I think it establishes two facts that

require strengthening by further experience—namely, that organic disease does not necessarily exist after thirty years of mental derangement, and that the immediate removal of blood from the vessels of the brain in the most chronic forms of the disease, is not always attended with those unfavorable results which many suppose are the consequence of depletion when the disease has been so long standing. I am inclined to believe, though I say so without any experience of that particular mode of treatment, that if Dr. Wallis's* method of counter-irritation, in which considerable hæmorrhage takes place, were brought to bear upon some old cases of mental disease, that the hope of recovery would not be entirely shut out, as in their present position it must continue to be.

The other case, No. II, unequivocally shows how completely the disease was arrested at the first outbreak by emptying the vessels of the head. Yet in this case I would not be understood to infer that general bleeding could have accomplished the same favorable results. Knowing the paradoxical position into which pathologists have been placed, by the results which have followed recent experiments to ascertain the true physiology of the cerebral circulation, it would be culpable in me to attempt any explanation. These are the cases, faithfully stated, and I leave them as they are without further comment.

I am, Gentlemen,

Your obedient servant,

C. M. Burnett.

Westbrook-house, Alton, Hants, Sept., 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, OCTOBER 21, 1843.

In some of the earlier volumes of the "Medical and Physical Journal" will be found an account of the application of cold water in the treatment of gout, rheumatism, and other affections. This, however, by no means constitutes the earliest record of the effects of this method of treating disease. Hydropathy, like Mesmerism, seems to have had, at different times, its phases of increase and decrease, and to afford one of those periodical, or rather paroxysmal, aberrations of the human intellect which the annals of imposture and credulity rejoice in. Therapeutics, equally with pathology, has its theories and systems, which for a time prevail; and if certain epidemic constitutions seem to conduce to and regulate the types of disease, there are corresponding, if not equally well founded, variations in the mental constitutions of those who are, or conceive themselves to be, called upon to direct the treatment of disease.

The therapeutic constitution, to which these observations more immediately refer, took its rise about the close of the last century, and was at its height at the commencement of the present; and the hydropathic notions which form its prominent feature seem to have then originated with a member of the medical profession, and, divested of the empiricism which has characterised and disgraced the later exhibitions of a similar nature, to have undergone full investigation at the hands of competent observers. The utility of the cold affusion and aspersion with cold water, in fevers of various types, had been pointed out a short time before by Dr. Currie, and the extension of the application of cold water externally and internally to other diseases was, perhaps, a natural sequel to the researches of that eminent physician. Accordingly, as early as the year 1799, we find Dr. Kinglake reporting a case of what he terms inflamed glutei muscles, for the relief of which wet bandages were constantly applied to the inflamed parts. The case is headed "A Case of Inflammation on the Glutei Muscles, &c., of a threatening tendency, and accompanied with violent symptoms of general irritability, speedily repressed and cured by the combined internal and external use of Cold Water." It presents nothing novel or interesting; the local inflammatory symptoms had been obviously aggravated by improper treatment in the first instance, but were quickly removed by the substitution of cold water for warm cataplasms and stimulant embrocations, the cure being evidently much aided by the use of saline aperients. The practice, in such a case, is only alluded to here to show that the application of "folded cloths, moistened in cold spring water," to an inflamed part is neither the invention of Preitsnitz and his disciples, nor a novel mode of treating inflammatory disease.

Dr. Kinglake, however, was not content with the treatment of simple external inflammation by the cooling process, so well known and estimated by surgeons of the present and past times, but proceeded to found a theory thereon, to erect a system of therapeutics, and to extend the application of it to other diseases in which increase of temperature was manifested. The modern hydropathist, it will be observed, goes still further, transferring the cold-water treatment into a nostrum, or universal panacea, applicable also to diseases in which there is no elevation of temperature, local or general, and, to the exclusion of all other remedial means, adapted to remove or alleviate every ailment which human flesh is heir to. In the year 1802, Dr. Kinglake first gave to the public some cases of gout treated by the external application of cold water, and the simplicity of the treatment, the immediate relief to pain, the benefit apparently derived from it, and the plausible manner in which its presumed advantages were set forth, soon procured for Dr. Kinglake a succession of patients, upon whom fresh trials might be made, and induced other medical practitioners to test its powers. Cases bearing testimony to the efficacy of cold water in this

* See the last volume of the Provincial Medical and Surgical Transactions, p. 307.

disease were from time to time published; and it must be granted that no professional prejudices seemed then to stand in the way of its general adoption. Time was required, as well on this occasion as in a more recent one, to test the value of the practice, to develope its dangers, and to show that its apparently beneficial effects were often only transient, and not unfrequently left the sufferers in a worse situation than they were before.

It is remarkable that one of the first cases, which ought to have drawn attention to the danger of the practice, is narrated by Dr. Kinglake himself, and, singular to say, is brought forward as a proof of its perfect safety. "The subject of this case," says Dr. Kinglake, "was a laboring man, who had repeatedly suffered from careless exposure to cold during the refrigerating influence of profuse perspiration. On a former occasion, severe peripneumony resulted from an abrupt reduction of temperature; in the instance under consideration, a violent inflammatory affection of every joint of both the hands and feet was the consequence. The shining tumid aspect, and intolerable pain peculiar to the gout, induced a suspicion of its being that malady; but, in the excessive temperature that prevailed, that distinction to me was no more than nominal. When inflammation is accompanied with a sense of heat literally burning, it is very unimportant what it is called; it is of more moment to repress its hurtful tendency with the utmost promptitude.

"This patient's limbs were immediately enveloped with cloths dropping with cold water, which were renewed about every half hour. The moisture was detached by evaporation from the cloths as rapidly as if held before a fierce fire. The pain, as always happens, was speedily assuaged, but soon recurred if not prevented by a timely return of cold, the constant application of which, subdued by the following day the irritation of the feet and hands. When associated or sympathetic pain begun to rage on the knees and shoulders, those parts soon became as inflamed and motionless as those which the irritation had relinquished. The same treatment was pursued, and with similar effect. The cessation of pain in these newly affected parts was the recommencement of it in those which were first diseased; thus did the irritation alternately change its position during several weeks. All this time the patient may be said to have been *soaked* in cold water. The pain was tolerable (scarcely, indeed, deserving the name) when the remedy was freely used; but either inattention or fear of its proving mischievous occasionally interrupted its due employ, to which, probably, the want of more early and decisive efficacy may be attributed. Latterly it was judged right not only to reduce the heat of the part actually inflamed, but also to keep those which had been recently relieved in a state of diminished temperature. This expedient perfectly succeeded; no farther inflammation happened, and from that hour the alternate shifting of the affection ceased, and the patient began to recover his constitutional strength. No serious ailment occurred, at any stage of the disease, to the general health, nor did the occasional interposition of purgative, sudorific, and narcotic medicine, in any degree mitigate the severity of pain." The constant shifting of the pain and its concomitants, as they were driven from each successive locality by the application of the dripping bandages, ought to have opened Dr. Kinglake's eyes, instead of blinding him to the dangers of the practice pursued, and, together with its utter inefficacy until the attack had evidently expended itself, should have led him at least to suspect its constitutional nature. Of the future history of this patient we have no record; but we would venture to prognosticate that, were it possible to follow it out, it would afford anything but a triumph to the cold water soaking so perseveringly administered.

The danger of the practice, however, was soon placed beyond question, and the following cases, among others which occurred almost as soon as the system came to be generally tried, contributed to establish the point, and at the same time to check the practice which had been, until their publication, to a certain extent taken up and followed.

Gout—Cold-Water Treatment—Death by Apoplexy.

An officer of the navy, about sixty years of age, who had been liable to attacks of the gout for ten years, after being exposed all night to a drizzling rain, complained in the morning of being sick at stomach. This he attempted to remove by some brandy and bitters, his usual remedy; but on this occasion it did not succeed. He had no appetite for dinner, and in the evening his foot and ancle were considerably inflamed. The narrator of the case, Mr. O'Neal, being determined to put the new practice to the test of experiment, immediately immersed the foot and leg in a pail of fresh drawn sea water. The pain was soon alleviated, and, on going to his cot, the whole of the limb was wrapped up in cloths wrung out of cold water. The patient slept well, but in the morning complained of a coldness in his stomach. On examining the leg, the redness and inflammation had quite disappeared. He wished for a glass of Madeira, or to have some brandy in his tea, but these requests were objected to by Mr. O'Neal, who was determined to give Dr. Kinglake's plan a fair trial; and he was prevailed on to drink a large glass of cooled water instead, and cloths, wrung out of sea water, were applied to the stomach, and frequently renewed. During the day he complained of no pain, but had no inclination for food. His frequent requests for Madeira and hot spirits and water were not complied with. In the evening he seemed very heavy and inclined to sleep, which was regarded as a favourable symptom, but about two o'clock, a.m., he was found comatose, and affected with stertorous breathing. He expired about ten in a fit of apoplexy.

Gout—Cold-Water Treatment—Translation to the Heart and Stomach—Death.

Mr. Baker, a surgeon at Uxbridge, was attacked with regular gout in the feet, which continued nearly stationary for three days, unattended with fever, or any material inconvenience. The fourth night was restless, the pain and inflammation increasing, but still confined to the feet. Mr. Baker resolved to try the treatment recommended by Dr. Kinglake, and accordingly applied, first, cold air, then sponging with cold water, and, lastly, cloths dipped in iced water, with manifest relief. About five hours afterwards the pain was quite gone, and the pulse 78. On getting out of bed, however, a fainting fit came on, which was removed, and he took some breakfast. A slight inflammation was observed in the knees, which was removed by the iced water. Four hours afterwards he was found by Mr. Edlin, who had been called into him, lying on his back, with difficult hurried respiration, cold extremities, and quick fluttering and intermittent pulse. He complained of palpitation of the heart and icy coldness in the stomach; he had vomited several times, and a cold sweat had broken out on the skin. Some warm brandy and water was immediately given, and followed by a draught, containing æther, opiate confection, and camphor julep; bladders of hot water were applied to the region of the stomach, the knees, the hands, and the feet, in the hope of inducing a return of the disease to the extremities, and the draught was repeated, with the addition of some musk. The pain and oppression of the breathing now began to decline, and a gentle perspiration broke out on the skin, which continued the remainder of the afternoon. In the evening, by the advice of Dr. Haygarth, the extremities were fomented; some sleep was obtained, and for two days no great change of symptoms occurred; the following day, however, another shivering fit and attack of gout in the stomach took place, and, after lingering three days longer, the patient died.

Gout—Cold-Water Treatment—Frequent Relapse—Translation to the Head and Stomach—Ultimate Recovery.

A gentleman, about forty years of age, who had been subject to severe fits of gout for many years, complained of general indisposition, and had one ancle inflamed, swollen, and exquisitely painful; cold applications were ordered externally, and a cordial internally. Next day the ancle was relieved, but the knees had become painful: the same application directed to the knees. On the following day there was severe pain in the head, and great uneasiness in the stomach, attended with nausea and flatulence; a draught with æther and laudanum was ordered him. The succeeding day he was better in every respect, and in a few days was quite well. He remained so for twelve months, had then a similar attack, and, after being treated in the same manner, was again able in a few days to pursue his usual avocations; but in less than a month had a return of the gouty symptoms. His own opinion was that the gout had lurked in his system ever since the last attack; at the same time, he felt convinced that though the application of cold might not eradicate the disorder, it yet afforded him so much relief as to induce him to wish that it should be again tried. This was done, and in six days nothing, apparently, but weakness remained. Four days afterwards, however, the left ancle (not the one which had suffered last), became inflamed and painful; the patient had immediate recourse to his favorite remedy, but had no sooner applied the first wet cloth, than he felt an unusual torpor pervade his whole frame. He suffered intense pain in the stomach, attended with frequent vomiting; the head was much affected, and he was at intervals delirious. He took hot brandy and water, and heated wine with spice, which afforded him some relief; at the same time the cold, which had been used for about two hours, was discontinued. On the following day he was better, though very languid; the inflammation did not return in the left ancle. Next day he continued tolerably well, but on the day after, a more violent attack than any of the former took place in the right hand. Warm applications were now employed. The stomach, head, and constitution generally, being as much affected as before, and on the symptoms of internal disorder having abated, the local affection of the hand continuing, cold was again applied, and the patient recovered.

We have abridged these cases from the detailed accounts published of them, but have been careful to omit no essential particular. The last instance, reported by Messrs. Scott and Taynton, is peculiarly instructive, and the more so as the relators of it, notwithstanding the warnings which it furnishes, both as to the danger and the inefficacy of the treatment were so strongly impressed in its favor, as not only to overlook the obvious lessons to be drawn from it, but also to regard its ultimate favorable termination as owing to the application of the cold water. We had marked other cases for reference, but the above are sufficient for our present purpose, and when further illustration of the subject is called for, it will not be necessary to do more than select from what is passing under our own immediate observation. In the present instance, comment is unnecessary; our readers will readily seize on the important points of the cases which we have selected and brought before them.

REVIEWS.

Lectures on the Principles and Practice of Physic, delivered at King's College, London. By Thomas Watson, M.D., Fellow of the Royal College of Physicians, &c. &c. In two volumes. pp. 830 and 812. London: Parker, 1843.

We make haste to notice the work before us, although our limits this week do not permit us to do so at the length it deserves. But since many of our younger brethren at this time of the year are laying the foundation of their future libraries, and selecting the books from which they are to derive their first acquirements in the various branches of medical knowledge, we cannot refrain from calling their attention, as soon as possible, to Dr. Watson's Lectures, if they wish for a safe and comprehensive guide to the study of practical medicine.

These lectures, Dr. Watson tells us, were put together during the session of 1836-37, in which they were first delivered. They were printed, to fulfil a rash promise, in the "Medical Gazette," and they are now published in a collected form at the request formally conveyed to him in writing of many who had heard or read them, including several of his colleagues at King's College.

We may be very well assured that Dr. Watson's pupils and colleagues did not extort his consent to the publication of his lectures without being fully satisfied that, besides being a text book for students, they would have a far wider field of utility. In fact, to any of our more advanced brethren who wish to possess a commodious book of reference on any of the topics usually treated of in a course of lectures on the practice of physic; or who wish to have a simple enunciation of any facts or doctrines which, from their novelty or their difficulty, the busy practitioner may not have made himself master of amidst the all-absorbing toils of his professional career, we can recommend these lectures more cordially. Here we meet with none of those brilliant theories which are so seductive to young men, because they are made to explain every phenomenon, and save all the trouble of observation and reflection; here there are no exclusive doctrines; none of those

> "Bubbles that glitter as they rise and break
> On vain philosophy's all-babbling spring."

But we have the sterling production of a liberal, well stored, and truly honest mind, possessed of all that is currently known and established of professional knowledge, and capable of pronouncing a trustworthy and impartial judgment on those numerous points in which truth is yet obscured with false facts or false hypothesis.

In order to give our readers an opportunity of judging of the style, we will make a few extracts relating to topics of interest, and first respecting the nature and treatment of fever—than which we think that no disease affords a fairer test of a man's experience and powers of reasoning, of his qualifications either as practitioner or professor.

"The difference is very striking between the kind of fever that I witnessed in London for ten years before the arrival of the spasmodic cholera in this country, and the kind of fever that has since prevailed, and is now (1838) so rife about us. During the first of these periods the antiphlogistic regimen was indispensable in the outset of the disease; in most cases bleeding, either general or topical, was required, and well borne; there was no eruption to be seen on the skin; the glands of Peyer, according to my own experience of the fatal cases, were almost invariably affected, and the mortality was very moderate. This was an inflammatory phase. The present epidemic offers a marked contrast in all these points. A large per centage of those who contract the fever die; after death we seldom detect any disease of the agminate glands of the intestine; the peculiar rash scarcely ever fails to show itself; we are taught by experience to refrain as much as possible from blood-letting, and almost from the beginning, or quite, we find it necessary to sustain our patients by a liberal allowance of strong animal broths. The typhoid is now the prevailing type. You might, I say, almost suppose that I have been speaking of two distinct maladies. But during each of the periods in question some scattered cases have occurred, bearing most of the characters proper to the other period."—Vol. II., p. 691.

"The tendency to recovery which manifests itself under different modes of treatment, and even in spite of opposite modes, has induced in some minds a degree of scepticism as to the utility of any remedies that may be easily carried too far. It does not follow, because the majority of patients under continued fever would at length emerge into health, although no remedial measures were employed, that the disease ought, therefore, to be abandoned to what Cullen calls the *vis medicatrix naturæ*. It is not quite correct to say, with the older pathologists, that the whole disorder is merely an effort of nature to throw off something noxious to the system, and, *therefore*, is not to be interfered with. The true view of the matter I apprehend to be that which a toxicologist might take: The disease is produced by a poison, of which the injurious impression upon the animal economy at length ceases, or passes off, of itself, in the same manner, only more slowly, as the influence of a dose of opium will spontaneously pass away. But during the natural course of the fever, as in many other cases of poisoning, morbid processes are apt to be set, which, if suffered to proceed unchecked, would inflict irreparable injury upon important organs, and which are fairly in the scope of remedial management. Our object must be, when the fever is once established, to conduct it to a favorable close—to 'obviate the tendency to death.' Upon this point I agree most entirely with Pitcairn, who, being asked what he thought of a certain treatise on fevers, declared "I do not like fever curers. You may *guide* a fever, you cannot *cure* it. What would you think of a pilot who attempted to quell a storm?—either position is equally absurd. In the storm you steer the ship as well as you can, and in a fever you can only employ patience and judicious measures to meet the difficulties of the case."

"When some immediate change ensues in the symptoms or in the feelings of the patient upon the administration of remedies that are generally followed by sensible effects, we are warranted in ascribing the change to those remedies. But even here comes in the fallacy already noticed, arising from the sudden and spontaneous changes that are apt to occur in fever, and this fallacy is to be got over only by multiplying our observations.

"After all, the best guide that you can have in determining upon the general principle of treatment in a given epidemic, or even in an individual case, is that which Dr. Alison has so ably enforced in his lectures and in his writings upon this subject. I mean the observed tendency to this or that mode of dying. The manner and circumstances of the death are of more practical importance than of the recoveries."—Vol. III., p. 710.

"*More English for the orange grove,*" is, we believe, the common exclamation of the Madeira boatmen, as they assist on shore the unhappy victims of phthisis, who are too often sent there, at a cruel pecuniary expense to their friends (not to mention the bitter disappointment of hopes unjustifiably excited), merely to lay their bones in the cemetery. Dr. Watson's sentiments on this point are marked with his usual judgment. If the disease is merely suspected, or feared, let them go by all means, if their circumstances permit of it.

"But when the disease *is present*—when tubercles actually exist, and are ascertained to exist in the lungs—may the progress of the disorder be ever suspended by a change of climate? Indeed, I believe it may; but only in certain cases, and in certain stages of the disease. When phthisis occurs in either of its slow and unmixed forms, the question of a change of sky would be worth entertaining. In that form in which tubercles remain long in the crude state, I believe life may be preserved or lengthened by leaving this country, and residing under a higher or more equable temperature, provided that no softening of the tubercular matter has yet taken place. And in the other form, when a vomica or vomicæ have occurred, and the strength is apparently restored, and the remainder of the lungs gives out the sounds of health; in that case, also, I would recommend a voyage to a milder climate to those persons who could afford to migrate, and to whom it was a matter of importance that they should prolong their earthly existence. I believe there is no place to which such persons could go with more hope of benefit than to Madeira. There are, however, places on our own coast that offer no ineffectual substitute for warmer lands beyond the sea, to those who cannot so conveniently expatriate themselves. Hastings, for instance; the Isle of Wight; and more especially Torquay, on the coast of Devonshire; and Penzance, or its neighbourhood, in Cornwall. In those sheltered spots the patient may sometimes pass the colder weather of our winter and spring months in comparative security. If, however, the lungs are already in a state of rapid disorganisation, no benefit, but, on the contrary, much inconvenience and useless expense will result from change of place, unless the place in which the patient is residing is notoriously unhealthy. When I am asked about removal, either to another country, or to some distant part of our own, and the state of the patient is such as I have just alluded to, I always advise that he should *not* forego the comforts of his home, and leave his family and friends, to seek advantages which he will not find among strangers, and amidst the *dis*comforts of a lodging perhaps, or an incommodious dwelling. I think it cruel and wrong to send people away merely to die: and that many are so sent to this place and that, in the almost certain prospect of their never returning, no one, I think, can doubt."—Vol. II, p. 204.

Who does not concur with our author in the following *rationale* of some of the more prominent impostures of the day?

"In what is called ecstacy, the patient is lost to all external impressions, but wrapt and absorbed in some object of the imagination. The muscles are sometimes relaxed, sometimes rigid, as in slight tetanus; but the loss of voluntary power over things is not complete or universal, for those patients often speak in a very earnest manner, or sing; they are, as the term ἐκστασις imports, out of the body at the time, wholly engrossed in some high contemplation. This state is not uncommon as forming a part of religious insanity, and sometimes it runs into ordinary hysteria. Nervous, susceptible persons, are apt to be thrown into those trances under the influence of animal magnetism; and grave authors assure us that the intelligence which then directs the brain concentrates itself in the epigastrium, or at the tips of the fingers; that people in that state read letters which are placed upon their stomach, or applied to the soles of their feet; answer, oracularly, enigmatical questions; describe exactly their own internal organic diseases, and even foretel future events. *Credat Judæus Apella; non ego.* I take for granted that they who were in the habit of speaking, a few years since, in some of our places of worship, in what they called *unknown tongues*, were either gross impostors, who deserved to be publicly whipped, or persons laboring under this disease, and wanting physic. Dr. Copland mentions a curious fact in connection with this subject. He says that many of the Italian improvisatori are in possession of this peculiar faculty only while they are in a state of ecstatic trance, and that few of them enjoy good health, or consider their gift as otherwise than something morbid."—Vol. I, p. 686.

NEW CHARTER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

This long expected document has at length made its appearance, and we proceed to make a brief abstract of its contents, in order to gratify such of our readers as may feel curiosity or interest respecting it.

The preamble recites that the Royal College of Surgeons in London was incorporated by charter in the fortieth year of George the Third, and by a supplementary charter granted in the third year of George the Fourth.

That the College consists of members constituted by letters testimonial, and that the governing body is a council of twenty-one, ten of whom are examiners; that, of these ten, one is President and two Vice-presidents; and that the two principal Sergeant-surgeons to the Queen, and the Surgeon-general to the Forces, if members of the council, have at present a preference before all other persons, in being admitted members of the court of examiners whenever vacancies happen.

That it is expedient that a new class of members be created, to be called Fellows; that the number of the council should be increased; that all future members of the council should be elective; that all future members of the council be chosen from the fellows, and hold office for a limited period only, instead of for life; that the council be elected by the fellows; and that certain alterations be made in the constitution of the court of examiners.

Clause 1 grants that the title of the College henceforth shall be the Royal College of Surgeons of England; and that a portion of the members shall be fellows.

2. That the present president, vice-president, and council shall be fellows; and that they shall, within three months, elect not less than 250, and not more than 300, members to be also fellows; their names to be enrolled in one general diploma.

4. That within one year the council may appoint any other members fellows, without fee.

5 and 6. That, with the foregoing exceptions, no person shall be a fellow until he has attained the age of twenty-five years, and has passed a second examination; every *fellow* to be a *member* (if not one already), by virtue of his fellowship.

7. The admission fee to be any sum not exceeding thirty guineas, exclusive of the stamp on the diploma.

8. Diplomas granted on the same day to be numbered according to priority.

9. A register of fellows to be kept in the college hall, open to the inspection of all members; the order of seniority to be determined thus: The present president to be first fellow, next the two vice-presidents, then the members of the council according to their respective seniorities, then the fellows elected within the first three months according to the order in which their names are affixed to the general diploma, and afterwards all other fellows according to the date and priority of their diplomas.

10. The council to be elected exclusively from the fellows; no fellow to be eligible as a councillor who practises midwifery or pharmacy, or who shall have so practised during the preceding five years, or who shall not reside and practise within five miles of the General Post-office.

11. The present members of the council are to continue for life; this number to be increased to twenty-four; but all future members to be elective, and elected periodically.

12. Upon the first Thursday in July, 1844, or within one month afterwards, three fellows are to be chosen additional members of the council; and at the same period in every year three fellows are to be chosen councillors, and three to go out of office; but if one or more vacancies have occurred amongst the life members of the council, such vacancy or vacancies to be filled by one or more of the elective members, who shall then not go out of office; if there should be in any year more than three vacancies among the life members, yet only three fellows shall be chosen. to fill up three of these vacancies, among the life members and the remaining vacancies shall continue till the next year. But when the number of elective members equals twenty-four, three councillors shall go out of office yearly, and three be elected. But in all cases fellows going out to be immediately re-eligible.

13. Those elective councillors who shall from time to time go out of office, are to be those who have been longest in the council; and in the case of councillors elected the same year, those whose names stand lowest on the register of fellows of the college.

14. When vacancies occur amongst the elective members in any other way than by their going out in rotation, such vacancies to be filled by the election of substitute members; every such substitute shall continue in office as long as the person in whose place he is elected would have continued; but to be immediately re-eligible.

15. Councillors to be elected by the fellows, including those who are already themselves councillors; *no proxies are allowed;* any number of fellows not less than fifteen are competent to proceed to an election.

16. At every meeting convened for the election of a member of the council, the chair to be taken by the president, or in his absence by one of the vice-presidents, or in their absence by the senior member of the council present. Such meetings may be adjourned from day to day; but no other business except the election to be attended to; the meeting to be adjourned by the chairman if fifteen fellows are not present within one hour after the time fixed.

17. Such notices of elections to be given as the council shall think fit and determine by bye-laws; the elections also to be conducted as the council shall think fit; but the election always to be by ballot, and to be decided by a majority of votes. Every fellow who shall be eligible shall be announced to the meeting according to the priority of his name on the registry of fellows; the nomination to be according to the mode provided in the bye-laws.

18. "When any eligible fellow shall have been passed by for want of any such nomination as aforesaid, or having been ballotted for shall not be elected a member of the council, he shall cease to be eligible to be elected, except upon such special terms of nomination as shall by the council by bye-law be for the time being provided for such cases, and upon such special terms any fellow so passed by or not elected, may be re-nominated for and be elected a member of the council, but if he shall be on such second occasion either passed by or not elected, he shall for ever thereafter cease to be eligible for election upon the council."

19. No fellow eligible to the council unless at the time of his nomination there shall be delivered in a certificate, signed by a certain number of fellows, that he is a fit and proper person to be a member of the council, and particularly that he does not and has not within five years practised midwifery or pharmacy, and that he resides and practises his profession of surgeon within five miles from the General Post-office.

20. The present examiners to continue for life; but the serjeant-surgeons and the surgeon-general no longer to have any preference of being admitted as examiners; the number to be ten. All future examiners to be elected either from the council or from the fellows, or from both or either; and to hold office only during the pleasure of the council.

21. The president and vice-presidents no longer to be chosen exclusively from the examiners, but from all the council indifferently, and whether examiners or not. Any number of examiners not less than six shall be sufficient to form a court, and without the president or vice-presidents (although examiners) being present.

22. Diploma or letters testimonial obtained by fraud may be declared void after such previous notice and hearing as the council shall think proper; and thereupon such member or fellow shall cease to be so.

The powers and privileges of the council, except as hereby altered, to be in all respects the same as heretofore.

Dated 14th September, 1843.

ROYAL SCHOOL OF MEDICINE AND SURGERY, MANCHESTER.

MR. HEATH'S INTRODUCTORY ADDRESS.

The introductory address at the opening of the present session of the Royal School of Medicine and Surgery at Manchester, was delivered by A. M. Heath, Esq., lecturer on midwifery in that institution, and one of the honorary surgeons of the Union Hospital.

As we have been favoured, through the kindness of a correspondent, with a manuscript copy of the address, we are enabled to bear our willing testimony to its merits, and to congratulate the friends of the institution on the disposition which it exhibits on the part of the teachers to inculcate an extended and philosophical course of study. Mr. Heath clearly pointed out to his auditory the difficulties and evils, as well as the sources of gratification, attendant on the study and practice of medicine; he gave a comprehensive view of the various branches of medical science, their relative connexions and importance; he set forth the advantages of a liberal preliminary education, not only as facilitating the acquirement of knowledge purely medical, but also as adding to the chances of success in after life, when the mere possessor of medical knowledge would be brought into competition with the accomplished gentleman and scholar; he urged on the attention of the class, the duties of humanity and kindness to the sick, and of a strictly honorable conduct to their professional brethren. His remarks on empiricism are so apposite, that we cannot refrain from adding them to our pages.

"It is impossible to disguise the fact, notwithstanding the rapid strides which scientific medicine has been, and still is, making towards improvement in every department; notwithstanding the brilliant discoveries in other sciences accessory to it; notwithstanding the unwearied assiduity, and the unflinching perseverance of those who look forward to its perfection; I say, that, notwithstanding all these circumstances, which by their combination have so materially contributed to its success, its great and uncompromising enemy, empiricism, gains ground.

"It is somewhat difficult to account for this apparent inconsistency, for we see this hydra-headed monster, this incubus of mankind, stalking through the length and breadth of the land, exciting the minds of our busy citizens, invading and disturbing the peaceful serenity of our beautiful villages, where health loves so much to dwell, scaring her away from her native home, at the same time blasting with its foul breath the fair fields of science, and reaping rich harvests where it hath not sown. I have observed, and doubtless there are others who have made similar observations, that in those who have had recourse to these supposed, but unworthy sources of relief, there frequently exists a peculiar state of the mind, induced by the continued and depressing effects of various morbid influences existing in the body, which produce an exhaustion of its powers, an impaired state of the faculties, a weakness and perversion of the judgment, thus originating certain tendencies, which under other and more favorable circumstances would have been foreign to the character of the individuals.

"It is against such as these, that the empiric directs his poisoned shafts with the most sanguine expectations of success, for having soothed them into a state of quiescence by means of hope excited only to be destroyed, by means of promises which never can be realised, he gains an ascendancy over his hapless victims, which he continues to assert, until poverty or death relieve them from the grasp of this insatiable tyrant. I believe a remedy for this crying evil is to be found in an improved and extended state of medical education, by stripping our profession of that mystery which has so long obscured it, and by infusing into the public mind a better knowledge of its principles and its objects, than that which it at present possesses.

"It appears that I have been anticipated in this view of the subject by the council of the Royal Institution, who have wisely established a professorship of anatomy and physiology, and also of chemistry. Such acts as these are exceedingly creditable to the mind which conceived them, and are striking proofs of the benevolence of those who have carried them into execution. There is no question but their results will prove in the highest degree satisfactory.

"But, gentlemen, the most dangerous system of empiricism is that which is practised by members of our own body, by men who, with the sacred obligation of an oath, when admitted into our universities and our colleges, have bound themselves to defend and uphold the respectability of their order, by suppressing and opposing, to the best of their ability, the progress of this evil, so prejudicial to the best interests of society.

"Here, gentleman, we may look in vain for any enactments of the legislature to assist us, for such individuals, from the fact of having once subjected themselves to the required ordeal, and of having been approved of by it, would have a sufficient plea in the defence of their conduct, whilst any interference would be stigmatised by the vulgar as a direct infringement of the liberty of the subject. But, this failing, we have within our grasp a remedy which only needs to be applied to prove its efficacy: if the profession itself would unite and raise its voice against these nefarious practices, if its well-intentioned members would decline professional intercourse with those who either themselves adopted them or encouraged them in others, little more would be required; for few there are, whatever their talents or position in society may be, who could successfully brave the combined efforts of the profession, when exercised in a cause, whose merits are based upon justice and truth.

"I trust, gentlemen, the day is not far distant when such a check will be given to the progress of empiricism, as will end in its utter extinction, and that thus, this stigma of our art, this blot on our escutcheon being wiped away, the just claims of science will become acknowledged, and the rights of our profession established on such a basis as to bid defiance to the rude and unprincipled attacks of those who would rejoice in its destruction."

ON POSITION IN FRACTURE OF THE FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The remarks of Dr. Chadwick, under the above head, in your last number are valuable, as bearing practically on a case of very common occurrence to the surgeon, and seem to confirm the well known aphorism of the late Mr. Richard Smith, of the Bristol Infirmary, which will be readily recognised by all who were acquainted with that institution during his time—viz., "Hold your hand so that you can spit into it." Notwithstanding this deservedly high authority, or that of the bone-setter mentioned by Dr. Chadwick, I confess I have been, and am disposed to continue in the practice of setting fractures of the forearm in a middle state, between pronation and supination, and my reasons are these—

1. That however carefully and judiciously the fracture might be arranged with the hand supinated, it is most irksome to the patient to maintain that position (try it on your own unbroken arm), and a constant tendency to pronation entails the necessity of frequent resetting, whilst the semiprone position is comparatively easy.

2. That if the biceps muscle has the power ascribed to it, of always supinating the upper portion of the radius, it is as easy to adapt the upper portion to the lower by semipronation as it is to adapt the lower to the upper by supination; for with a splint at the back of the arm, from the elbow to the fingers, I think we command the position of the bones completely: and again, without reference to muscular action, I imagine the practised eye will soon detect the correct position of the fracture.

3. That of all the cases thus treated, I have not had occasion to be dissatisfied with one, but have, since reading Dr. Chadwick's communication this morning, examined some half dozen cases which I could most conveniently meet with, as having fallen under my care at different times, and find the powers of pronation and supination perfect in each, these cases including fractures of the radius alone, ulna alone, and fractures of both bones together.

I am inclined to believe that there do occur fractures of the radius high up in which the supine position is best; but that, as compared with fractures of the lower part, they are rare.

I am, Gentlemen,
Your obedient servant,
Semisupinus.

POISONING BY SULPHATE OF POTASS.—NEWSPAPER CRITICISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Since the appearance of your last number, in which you stated that the case of Haynes's wife was the first within your knowledge in which death had been caused by the sulphate of potass, I have noticed two communications in the public journals bearing on the point, and beg, therefore, to call your attention to them.

The first is a letter in the "Medical Gazette," from Mr. Mowbray, of Paternoster-row, enumerating half a dozen cases in which this salt, in doses of from two drachms to eight, produced dangerous symptoms of irritant poisoning; and two cases in which it caused death. In one of these, the fatal dose was one hundred grains to a woman recently confined; and it is stated than an analysis removed all doubt of the purity of the salt. In the other case, thirty grains administered to a fever patient caused death from excessive purging. Mr. Mowbray also states that this salt is in common use in France as a means of procuring abortion.

The second communication referred to is a letter in the "Times," of this morning (18th of October), from a "Surgeon," attributing the fatal effects of the salt to an intermixture with metallic substances, especially arsenic. Now this may or may not be true, and it is to be hoped will soon be cleared up by proper analysis. But the surgeon does not seem to comprehend the right view of the matter. There can be no doubt that this salt, like its congeners, would be poisonous in sufficient doses, without any adulteration with arsenic or with anything else; and the mere detection of arsenic by analysis, in the sample in question, can make no difference in Haynes's case; he is accused of administering a given noxious substance for a certain purpose; and if the fact is proved, it can make no difference to his guilt or innocence, that the noxious substance in question was accidentally mixed with one still more noxious.

I am always sorry to see surgeons volunteering their criticisms on medical cases in the newspapers. They are mere appeals to ignorance or prejudice.

I am, Gentlemen,
Your obedient servant,
October 18, 1843. A Practitioner.

SPHACELATION OF THE INTEGUMENTS OF THE MALE ORGANS OF GENERATION, SUCCESSFULLY TREATED.

By W. L. Wharton, M.D., Surgeon, U. S. Army.

James Wallace, aged thirty-one, carpenter by trade, temperate man, solicited my assistance at "Fort Gibson," Ark., in August, 1840. Has been working amongst the "Cherokees" for the last few months, and the previous week has had connection with a "squaw" during her period of menstruation, neglecting the necessary precaution of ablution.

I found, on examination, complete phymosis, total obstruction of the passage of urine, great distention of the cellular structure of the penis, and the scrotum enlarged to a degree as almost to prevent his walking. This condition has existed three days. Failing in the first twelve hours to remove the phymosis by ordinary means, I had resort to a division, in part, of the prepuce, at the same time relieving the distended scrotum by puncturing.

The subsequent treatment proving ineffectual in checking the irritation, the progress of the case terminated in a few days in sphacelation of *parts* of the prepuce, glans penis, cellular structure of the penis (with an opening into the *urethra*, or its upper surface, about one inch in rear of the glans, through

which the *urine* freely passed), and of the entire scrotum, followed almost immediately by sphacelation of the integuments of the right *inguinal* region.

As may be imagined, the horrible appearance of the patient was enhanced by the quantity of the *maggots* attacking the sphacelated parts.

Doubtful at first of the success of any treatment which might be adopted for the restoration of the parts, I had the gratification to perceive the degree of irritation thus far was sustained by the patient without much inconvenience, affording, at least, assurance of his strength of constitution.

Premising the treatment at this juncture, with an an aperient to remove costiveness, my next object was to restore, as speedily as possible, the urine to its natural passage. This I happily attained in a reasonable time by a catheter, of a size that, whilst its introduction could be readily effected, its permanency as long as required did not cause irritation or inconvenience, aided, of course, by local applications to the orifice in the *urethra*.

Glad to discover at this stage that the parts in the vicinity of the disease were assuming a healthy condition, my attention was directed to the constitutional treatment of the patient, my principal reliance being *opium*, which, though occasionally exhibited at the commencement, was now steadily administered in increased quantities, with the addition of more nutricious diet, and occasionally wine. This treatment of the case, though protracted about five weeks, was eventually successful, resulting in restoration of part to the inguinal region, and covering to the testes, with loss of portions of the prepuce, glans penis, and cellular structure of the penis.—*Amer. Jour. Med. Sci.*

RETROSPECT
OF THE
MEDICAL SCIENCES.

EXTRAORDINARY CASE OF VARIX.

A woman, pregnant for the fifth time, presented very large varices on her legs at the end of the fourth week. Soon afterwards they extended up the abdomen, and two months before her confinement they had even spread up to her arms, breasts, neck, and scalp, so that there were more than fifty large knots on the upper part of the body. All motion was painful, on account of the friction and pressure attending it.

A regulated diet, repeated purgatives, small bleedings, the applications of compression, and the horizontal position, were the remedies prescribed, which gave some relief, although but little.

The child was born without much difficulty, but died shortly afterwards. The mother rapidly sunk, though the hæmorrhage was not considerable. The uterus contracted little, and the accoucheur discovered, on examination, a mole, which he did not like to remove, on account of the weakness of the patient. She died shortly afterwards, but a post-mortem examination was refused.—*Dr. Seidel, Medicinische Zeitung.*

URIC ACID SOLUBLE IN LACTIC ACID.

Dr. Challier, of Dublin, says, "Whilst engaged last year in some chemical investigations I found that *uric* acid was readily dissolved in *lactic* acid. I believe that uric acid is kept in a state of solution in those liquids in which it is found to exist, such as urine, by the presence of a certain proportion of lactic acid, and, consequently, if there be a deficiency in the proportion of the latter, the quantity of the former deposited will be in an equivalent ratio. If this fact be once well established, the results will be highly important, inasmuch as it will elucidate altogether the obscure phenomenon of the formation of the uric acid calculus, which is universally known to be the most frequent. It will also furnish us with the data for a more correct constitutional treatment of the disease. That lactic acid is capable of dissolving phosphate and oxalate of lime, &c., is a fact already noticed by chemists, but it is singular that medical men have entirely overlooked this property, which it is more than probable can be made available in the treatment of anormal deposits. —*Dublin Medical Press*, September 13, 1843.

CÆSAREAN SECTION SUCCESSFULLY PERFORMED; BOTH MOTHER AND CHILD SAVED.

A woman, aged thirty-one, who had borne five children naturally, was attacked with violent arthritis during her sixth pregnancy. The pelvis became so deformed that the finger could scarcely be introduced between the tuberosities of the ischium and the ascending rami, on either side; the pubes also formed a very prominent angle, the sacrum projected much forwards, and the os uteri could not be reached. On the 27th of July, 1840, labor having commenced, and the contraction of the pelvic diameter being well ascertained, the Cæsarean section was determined on, and was performed in the linea alba by Dr. Arnoldi. The results were most fortunate; the mother nursed the child herself, and the wound healed by the beginning of September.—*Dr. Schacht of Dierdorf, in Casper's Wochenschrift.*

METHOD OF PROTECTING THE SHEFFIELD GRINDERS FROM THE INHALATION OF METALLIC PARTICLES.

A wooden funnel, from ten to twelve inches square, is placed a little above the surface of the revolving stone, on the side the farthest from the grinder, and this funnel terminates in a channel immediately under the surface of the floor; *or we may consider the channel simply as the continuation of the funnel*, in order to avoid any confusion in the explanation. The channel varies in length, according to the situation of the grinder in reference to the point where it is most convenient to get quit of the dust. If we suppose that eight or ten grinders work in the same room, each has his own funnel and channel, *and they all terminate in one common channel*, the *capacity of which is perhaps twice or three times as great as each of the subordinate or branch channels*. The point where they terminate is always close to an external wall. At this point, within the general channel, a fan is placed, somewhat in form like that used in winnowing corn, and to this is attached a strap which passes upwards and over a pulley, so that whatever puts the pulley in motion, causes the fan also to revolve. The pulley is placed in connection with the machinery which turns the stone, so that whenever the grinder adjusts his machinery to work, he necessarily sets the pulley and the fan in motion. The fan acting at this point, whatever may be the length of any of the subordinate channels, causes a strong current to flow from the mouth of each

funnel, which carries along with it all the gritty and metallic particles evolved, leaving the room in which the operations are pursued, free from any perceptible dust. When the whole apparatus is perfect and in excellent condition, the atmosphere of the place is almost as healthy as that of a drawing-room.

The efficacy of the plan is unquestionable. Where the apparatus has been in operation for years, we have not found a single individual laboring under any pulmonary affection; and the branch* in which we have observed this immunity, would otherwise have been exceedingly destructive to life.—*Dr. G. Calvert Holland, London and Edinburgh Journal of Medical Sciences*, October, 1843.

THE NEW CHARTER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I see the "Lancet" has committed itself to an attack in anticipation on the new charter of the College of Surgeons. The liberal and gentlemanly arrangements of the charter, now that they are known, will place that journal, I think, in a very awkward predicament. As a member of the Association, well acquainted with the sentiments of its principal members, I can have no doubt that the "Provincial Medical Journal" will take a reasonable stand in favour of one of those *reasonable* measures of medical reform which the Association has ever advocated.

AN OBSERVER.

NEW LITHONTRIPTIC.

At the sitting of the Academie des Sciences on the 9th of October, a communication was read from M. Millot, student of medicine, relating to a new agent for dissolving calculus in the bladder.

The agent in question is the gastric juice, and M. Millot states the results of his experiments as follows.

The greater number of the calculi submitted to the solvent, were more or less softened and worn down. Some of them, which had previously resisted lithotrity, became so disintegrated that they were easily crushed between the fingers. Even a mulberry calculus, the most refractory of the whole series, had several of its tubercles dissolved.

The gastric juice, diluted with half the quantity of distilled water, and employed at a slightly elevated temperature, was not altered in its qualities, although its action was rather enfeebled. Hence, M. Millot concludes that it may be safely injected into the bladder in order to soften calculi, even if it does not dissolve them, and to render them more easily crushed by the lithotritic instrument.

He made experiments also with other organic liquids, including the saliva and the serum of the blood, diluted with three times its weight of distilled water; even the latter combination appeared to have some effect on certain calculi. He also employed the pectic acid, and various vegetable mucilaginous principles, but, with the exception of the pectic acid, no result worth speaking of was obtained from any of them. And of all this class of solvents which he submitted to examination, none equalled the gastric juice of animals, whether herbivorous or carnivorous.

Wishing to ascertain whether the action of dilute muriatic acid was not precisely similar to that of the gastric juice, he instituted comparative experiments, which led him to conclude that the acid acts solely on the mineral ingredients of calculi, the gastric juice both on the mineral ingredients and on the animal matter, which serves to cement them together.—*Gaz. Méd.*

* The grinding of spindles.

DR. CONOLLY.

This gentleman, whose admirable administration of the medical affairs at the great county asylum at Hanwell, has been so often the subject of our commendation, has now changed in some degree his relations to that institution. The Middlesex magistrates have made arrangements with him, so that, while still retaining all his former authority and the uncontrolled medical direction of the patients, Dr. Conolly no longer is to reside within the walls of the asylum, but to visit it as often as may be necessary. If this new arrangement should in any way diminish the usefulness of Dr. Conolly to the poor lunatics who have so long experienced his most enlightened and more than paternal care, we shall not cease deeply to regret it; but as we hope and believe that this will not be so, we, in common with the public, shall have much reason to congratulate ourselves on its having been made. Dr. Conolly will now have much ampler opportunities than heretofore, of applying his admirable system to the more educated classes of society; as it is understood that he has consented to preside over an establishment in the neighbourhood of town, prepared and arranged for the higher classes of the community. As Dr. Conolly, while free henceforth to follow the line of his practice as a consulting physician, will *reside* at this establishment, we shall soon have an opportunity of proving whether the paternal or non-restraint system of treating lunatics is as applicable to the educated as to the non-educated classes.—*Morning Chronicle*, Oct. 5,

MANCHESTER MEDICAL SOCIETY.

At a meeting of the members, held in the library of the society, on October 4, 1843, the following gentlemen were elected officers for the ensuing year:—

President—W. J. Wilson, Esq.

Vice-Presidents—Dr. J. L. Bardsley, Dr. Black, R. T. Hunt, Esq., and J. Windsor, Esq.

Treasurer—Dr. Ashton.

Secretaries—Mr. Crompton and Mr. Dorrington.

Council—Mr. Noble, Dr. Satterthwaite, Mr. T. F. Brownbell, Dr. Chaytor, Mr. Ker, Mr. Golland, Mr. Heath, Mr. Catlow, Mr. Jesse, Mr. Roberton, Mr. Turner, and Dr. Watts.

BRISTOL GENERAL HOSPITAL.

On October 12, James Godfrey, Esq., was elected surgeon to the Bristol General Hospital, in the place of Henry Brigstocke, Esq., resigned.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

September, 1843.

Mean of External Thermometer at 9, a.m.	61·49
,, ,, ,, at 9, p.m.	55·32
Maxima	69·65
Minima	51·94
Mean daily Range	17·35
Extreme Highest on the 20th	77·
,, Lowest on the 28th	40·50
,, Range	37·50
Mean Dew Point at 9, a.m.	60·80
,, ,, at 9, p.m.	53·41
Mean of Barometer at 9, a.m.	30·185
,, ,, at 9, p.m.	30·017
Extreme Highest on the 23rd	30·550
,, Lowest	29·750
,, Range	·800
Number of Days Fine	24
,, ,, on which any Rain fell	6
,, ,, Variable	4
Quantity of Rain in Inches	·390

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
5	5	—	6	2	1	2	0

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, October 13, 1843.

H. G. Noyes, T. Percival, J. B. Moxon, J. Gatis, E. J. Newcomb, W. H. Parsey.

APOTHECARIES' HALL.

Licentiates admitted Thursday, October 12, 1843.

A. B. Andrews, Brabourne, Ashford, Kent; E. Tegart, London; J. Spencer, Liverpool; E. T. D. Harrison, Welchpool; R. H. Boodle, Chilcompton, Somerset; M. Burnup, Newcastle-upon-Tyne.

BOOKS RECEIVED.

Elementary Instruction in Chemical Analysis. By Dr. C. Remigius Fresenius, Chemical Assistant in the Laboratory of the University of Giessen. With a Preface by Professor Liebig. Edited by J. Lloyd Bullock.

A Practical Treatise on Organic Diseases of the Uterus; being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for 1843. By John C. W. Lever, M.D.

Observations on the Extraction of Teeth. By J. Chitty Clendon.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to order from their Booksellers, without delay, any numbers required to complete sets, as the first 79 *are quite out of print, and but few copies remain of many of the later numbers.*

Communications have been received from *Mr. Waterhouse Mr. Boddington*, and *Mr. Burman.*

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

On the 1st of November next will be Published, price 3s 6d, gilt edges, and illustrated with numerous Wood-cuts, under the Patronage and Dedicated by Special Permission to his Royal Highness Prince Albert,

GUTCH'S LITERARY AND SCIENTIFIC REGISTER and ALMANACK for 1844.—From the mass of Scientific Matter contained in its pages, it is especially recommended to the notice of Engineers, Mechanics, and Men of Science in general.

Published by E. Lumley, 56, Chancery-lane; Messrs. Simpkin and Marshall, Stationers'-court; and to be had of all Booksellers in the United Kingdom.

Just published, in foolscap 8vo, in neat cloth, price 3s 6d,

OBSERVATIONS on the EXTRACTION of TEETH: with Plates. By J. Chitty Clendon, Surgeon-Dentist.

"This little book, written in an excellent spirit, deserves to be examined by every person who gives advice on diseases of the teeth, or operates upon them for their removal. We have never seen a more satisfactory literary production devoted to a single subject (the extraction) from the pen of a dentist. Nine out of ten such works are nothing but discreditable advertisements and puffs. In the present case we have a sound practical work, evidently the result of a simple and sincere desire to be useful in the art, not hastily produced, but based on careful reflection and experience, and well meriting the best character that can be given to it by a medical journalist."—*Lancet.*

SCHOOL of ANATOMY and MEDICINE, adjoining St. George's Hospital.—The SESSION for 1843-44 commenced on October 2.

Introductory Address—Dr. Lankester, at Twelve.
Anatomy, Physiology, and Surgical Anatomy—Mr. Lane and Dr. W. V. Pettigrew.
Descriptive and Practical Anatomy—Dr. Pettigrew.
Extra Demonstrations—Dr. Pettigrew and Mr. Cane.
Chemistry—Mr. Rodgers.
Materia Medica—Dr. Lankester, F.L.S.
Midwifery—Mr. Bloxam.
Medicine—Dr. Goolden.
Surgery—Mr. Lane and Mr. Pilcher.
Medical Jurisprudence—Mr. Ancell and Mr. Warder.
Botany—Dr. Cooke, F.L.S.
General Pathology—Mr. G. Robinson.
Dental Surgery—Mr. J. Durancé George.
Aural Surgery—Mr. Pilcher.
Practical Chemistry—Mr. Rodgers.

General Fee, qualifying for the University of London, College of Surgeons, Apothecaries' Hall, and the Army and Navy Boards, 40 Guineas.

Prospectuses and further particulars to be obtained at the School, No. 1, Grosvenor-place.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 161.] LONDON, SATURDAY, OCTOBER 28, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES

ON

VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XVI.

July 4, 1843.

Treatment of chancre in general—Prophylactic treatment—Curative treatment—Necessity of destroying the sore as soon as possible—Applications for the subsequent stages of chancre.

GENTLEMEN,—It is the duty of practical physicians to diminish, as much as lies in their power, the sum of suffering of their fellow-men; and amongst the many questions which call for their attention, few, perhaps, equal in their importance to the public welfare the subject of the prevention of the venereal disease.

The precautions taken in Paris to prevent the wide diffusion of syphilis, are, as you have daily opportunities of convincing yourselves in this hospital, altogether inadequate to fulfil the proposed object. Prostitutes undergo inspection once a-week or once a fortnight, according to circumstances. * * * *

But you are fully aware that in three days a chancre may be communicated, and may become inoculable. What guarantee to public health is, therefore, this illusory kind of examination? Far from being productive of any real benefit, I deem it a general nuisance, tending only to inspire the unguarded with a treacherous security, which insures an increase in the number of victims.

I would have *each* prostitute examined *every day* with the utmost care, and the investigation should extend to all men who set foot in a house of ill fame. Thus a salutary shame would cause many to shrink from passing the threshold of vice; and those who, lost to all feeling of self-respect, would not be kept back by the inquest, would be allowed to proceed only after a minute examination had ascertained that they bore no contagious symptoms. * * * * *

With respect to the means of preventing the effects of contagion, the following is the result of my personal experience on the subject:—Should inoculable matter have been merely deposited upon any part, ablution with vinegar, aromatic wine, alcohol, corrosive sublimate, chlorine, or the alkalies, will suffice to decompose it; but if a crack or excoriation has become inoculated, ablution is altogether insufficient, and cauterisation, with nitrate of silver for instance, indispensable.

Curative Treatment of Chancre in General.—"Destroy the primary ulcer as early and as completely as possible;" such is our precept. It is founded upon the following fact, that syphilis is at first a mere local disease, limited to the spot of its manifestation, and giving rise to symptoms of secondary or constitutional infection only after a time.

If that proposition be true, and I would stake my existence upon it, as I have done my professional reputation, it is evident that cauterisation will have as good results as when applied to the bite of a rabid dog, and will prevent further mischief. If false, on the contrary, my proposition can have in its practical application no injurious consequence whatever.

The practice of destroying the chancre at as early a period as possible should be adopted even by those who hold with Dr. Cazenave, that general infection exists before chancre, for, even in their opinion, the local damage of a sore, whose duration or future extension none can foretel, will at any rate be prevented.

It is argued by some, who admit the chancre to be a local disease, that cauterisation may drive the poison into the system. Common sense teaches the folly of such a doctrine, the caustic destroying that very matter, the absorption of which they so much dread.

I have *never* seen a chancre destroyed, during the first week of its existence, afterwards give rise to secondary syphilis; and moreover, a symptom dangerous to the patient himself, and dangerous to others by its contagious nature, has been by this method annihilated.

The caustics I recommend are the nitrate of silver, merely applied to the wound during the first twenty-four hours, but at a later period—the third or fourth day, for instance—kept in contact with it for several minutes; and, still better, a disc of "paste of Vienna" (lime five, potash six parts, made into a paste with spirits), spread over the ulcer and its edges. I prefer caustic to excision, praised by Hunter, because it induces in the neighbourhood a degree of inflammatory action, highly favorable to the neutralisation of the ulcer.

If the extent of the sore or its previous duration cause the surgeon to discard all idea of destroying it, it will be well in most cases to uncover the wound, except when for such purpose an incision is necessary. The prepuce should not be dragged forcibly backwards, paraphymosis being a troublesome complication. Cauterisation may be here again used, not to destroy the chancre as before, but to modify its surface; and in some patients you will find a superficial action of lunar caustic one of the best sedatives of the irritated sore.

During cicatrisation it will again be used at the discretion of the surgeon, to repress exuberant granulations.

Some ulcers remain stationary after rapidly advancing towards cure; but no epithelium forms; the surface remains red, smooth, and varnished over,

without receding, it is true, but without progressing towards complete cicatrisation. I have found, in such cases, desiccation very soon produced by the light application of lunar caustic.

During its specific period, chancre should be dressed at the least three times a-day, if its suppuration be abundant; during granulation, one dressing in twenty-four hours will suffice. At all times great caution is requisite in removing the lint, in order not to lacerate a tender cicatrix.

All local applications may cure the sore. Amongst them a choice may, however, be made.

Greasy substances in general I do not approve of they frequently develope irritation around the chancre, and even eczematous eruptions, which, by the breaking of their vesicles, may occasion extensive accidenta inoculation.

Common cerate does little good, but seldom is injurious; when to an ounce of it a few grains of extract of opium are added, it frequently calms the local irritation.

The dressing I prefer to all others is lint slightly impregnated with aromatic wine (a decoction of sage, rosemary, thyme, hyssop, mint, &c., in eight times their weight of common red Burgundy). This liquid modifies, as an astringent, the ulcerated surfaces, destroys the inoculable property of their secretion, and *tans* the neighbouring parts, so as to render them harder, and less susceptible of irritation.

I have now and then found benefit from the addition of from 1 to 6 per cent. of tannin, or extract of opium, according as my object was to calm or to stimulate the sore.

Should catarrhal inflammation of the parts complicate chancre, lotions, with the five-grain solution of nitrate of silver, will be advantageous.

Mercurial ointment I do not approve of in the local treatment. It does not in the least hasten the cure, and not unfrequently give rise to eczema mercuriale.

Repose and a few baths are requisite; and in most cases, Gentlemen, you will find that the local treatment, combined as above, will suffice for the perfect cure of the primary ulcer.

Dr. Serre, of Montpellier, gives unbounded praise to silver internally in the treatment of chancre; but in his cases, the sores having lasted eight or ten weeks, we really cannot see that proof is given of a special action of the drug, inasmuch as the sores might have been spontaneously cured within the same period.

POISONING WITH SULPHATE OF POTASS.

The "Medical Gazette" of October 27th contains a communication relative to the silly letter of "Surgeon," on poisoning with sulphate of potass, which appeared in the "Times" of last week. The writer shows that, by the process of manufacture, by the heat employed, and by the crystallisation, there is scarcely any chance that the sulphate of potass could remain contaminated with arsenic derived from the sulphuric acid employed, even if the acid contained arsenic, which it does not. The same number of our contemporary contains a letter from Mr. Mowbray, stating that when the sulphate is submitted to the action of water, the finer portions are dissolved first, leaving the remainder in the form of very sharp acicular crystals, which he thinks would be extremely irritating; and contradicting the statement that it is rendered more soluble by the sesquicarbonate of soda

A CASE
OF
MALIGNANT DISEASE OF THE OS UTERI,
COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY. WITH REMARKS.

By Thomas Dorrington, Esq.,
Surgeon to the Manchester and Salford Lying-in-Hospital.

(*Continued from page* 46.)

Cases in which the Natural Powers were unable to effect Delivery, and in which means were used incompatible with the Life of the Child to terminate the Labor.

Dr. Robert Lee, in his "Clinical Midwifery" p. 81, gives the following case:—"On the 1st of May, 1840, Mr. Cross, of Leicester-square, requested me to see Mrs. Ayesbury, aged forty-one, who had been twenty-four hours in labor. The os uteri was hard, irregular, and ulcerated, and so little dilated that the presentation could not be ascertained. The symptoms of malignant disease of the uterus had commenced two years before, and the pain and discharge became aggravated when conception took place. The labor pains continued strong and regular the whole afternoon and night of the 1st of May. At seven, a.m., of the 2nd, the pains were violent and incessant, with restlessness and sickness at stomach. The os uteri continued precisely in the same condition, and the presenting part could not be felt. Twenty-five ounces of blood were drawn from the arm, and one drachm of laudanum administered. At eleven, p.m., the pains still continuing violent, with severe rigors, rapid pulse, and incoherence, another effort was made to reach the presenting part, though the os uteri was still undilated. Having succeeded in touching the head, the perforator was passed up along the finger, the skull opened, and the brain destroyed. The propriety of making incisions into the diseased os uteri had been considered, but the idea was abandoned after consulting an eminent surgeon. At six, a.m., May 3rd, the labor pains having continued strong and regular during the night, the os uteri opened sufficiently to allow the crotchet to be introduced, and the head extracted. The placenta soon followed the child, but she continued gradually to sink, and died on the 4th of May. The body was examined by Mr. Cross, and the neck of the uterus, extensively lacerated, presented the appearance of an irregular, dark colored, disorganised mass. The danger of dying undelivered, and the injury necessarily inflicted upon the uterus, by the extraction of the child, would have been both avoided or lessened in this case by the induction of premature labor."

Dr. Denman in his "Introduction to the Practice of Midwifery," fifth edition, p. 334, relates the following very instructive case. His remarks, too, upon it, which I shall transcribe, deserve the most careful consideration, inasmuch as they seem to me to indicate the general principle which should guide us in all our midwifery proceedings.

"In June, 1770, I was desired to see a patient in the eighth month of her pregnancy, who in the preceding night had a profuse hæmorrhage. Her countenance showed the effects of the great loss of blood she had sustained; and from the representation of the case given me by the gentleman who was first called in, I

concluded that the placenta was fixed over the os uteri. On examination, I felt a very large fleshy tumor at the extremity of the vagina, representing, and nearly equalling in size, the placenta, which I judged it to be; had this been the case, there could not be a doubt of the propriety and necessity of delivering the patient speedily, and with that intention I passed my finger round the tumor, to discover the state of the os uteri. But this I could not find, and on a more accurate examination, I was convinced that this tumor was an excrescence growing from the os uteri, with a very extended and broad basis. I then concluded that the patient was not with child, notwithstanding the distention of the abdomen, but that she labored under some disease which resembled pregnancy, and that the hæmorrhage was the consequence of the disease. A motion, which was very evidently perceived when I applied my hand to the abdomen, did not prevail with me to alter this opinion. It was, of all others, a case in which a consultation was desirable, both to decide upon the disease and the measures which it might be necessary to pursue; and several gentlemen of eminence were called in. That she was actually pregnant was afterwards proved to the satisfaction of every one; and it was then concluded, that such means should be used as might prevent or lessen the hæmorrhage, and that we should wait and see what efforts might be naturally made for accomplishing the delivery.

"No very urgent symptoms occurred till the latter end of July, when the hæmorrhage returned in a very alarming way, and it was thought necessary that the patient should be delivered. There was not a possibility of extirpating the tumor, and yet it was of such a size as to prevent the child from being born in any other way than by lessening the head. This was performed, but, after many fruitless attempts to extract the child, the patient was so exhausted, that it became necessary to leave her to her repose, and very soon after our leaving her she expired. We were permitted to examine the body. There was no appearance of disease in any of the abdominal viscera, or on the external surface of the uterus, which was of its regular form; and when a large oval piece was taken out of the anterior part, the child, which had no marks of putrefaction, was found in a natural position. An incision was made on each side of the cervix to the vagina, and then a large cauliflower excrescence was found growing to the whole anterior part of the os uteri. The placenta adhered with its whole surface; so that the blood which she had lost must have been wholly discharged from the tumor. This uterus, containing the child, is now in the museum of the late Dr. Hunter, who examined the body.

"The propriety or advantage of a practice by which the life of neither the parent nor child was preserved, ought to be considered; but such cases occur so rarely, that there is always room for animadversion when they are concluded. Yet the general principle of its being ever our duty to preserve both their lives, if possible, or to preserve that of the parent, or if she cannot be preserved, then to save the child, if it be in our power, would have been a better guide on this occasion than that which was followed."

My own case, which has led to this paper, is to be classed in this category.

Cases in which the Patients died undelivered, no instrumental Attempts having been made to effect Delivery.

In the fourth edition of the works of Horstius, lib. 2, obs. 5, there is a letter from Dr. Tobias Knobloch to Horstius, respecting a case of scirrhous os uteri coexisting with pregnancy, of which the following is an abstract:—The patient was the wife of a soldier, pale and sallow, and had been in labor three days when the Doctor was called to her. On examining the abdomen, he found a large hard, resisting tumor on the left of the umbilicus, which had by the midwife and bystanders been taken for the child's head. As soon as he perceived this he formed an unfavorable prognosis; it was a chronic scirrhous tumor, and had been attended with no previous symptoms, except general sluggishness of the vital functions. All the usual external and internal remedies having been previously used, he applied the speculum to dilate the neck of the uterus, but in vain, owing to the scirrhosity. He then thought of the Cæsarean section as the only means likely to effect delivery, but the woman could not bear it; hence, the symptoms becoming more and more urgent, she died on the evening of the next day.

Fabricius Hildanus has the two following cases, which are translated and abstracted:—

Cent. 1, obs. 67. A respectable woman was six days in labor, and Fabricius Hildanus found her in articulo morbis when he was called in. She died that night, and he opened the body next day. He found the uterus ruptured, and the head of the child escaped into the cavity of the belly. The cause of the difficulty of parturition was a scirrhous growth nearly as large as a fœtal head. This obstruction prevented the dilatation of the os uteri, and incapacitated the uterus from bearing the violent movements of the fœtus. (?)

In a letter to Mich. Dorinz, p. 902, he remarks "Quæ scirrho uteri laborant, vix parere posse observavi; cujus rei veritatem ex sequenti historia videre poteris." He subsequently gives a case in proof, of which the following is an abstract:—"A woman in her fifth pregnancy, and at term, was seized with labor pains on the 24th of May, 1611, about ten, a.m., after a hearty dinner. The pains and fœtal movements (?) were unusually severe. About three, p.m., lipothymia and severe rigors occurred, and great prostration ensued; at which time Hildanus thought that the child ceased to live, for the pains and fœtal movements then ceased. Hildanus saw her about eleven, p.m., at which time there was scarcely any pulse; the extremities were cold, cold sweat covered the body, and the right arm of the child protruded beyond the vulva. He gave an unfavorable prognosis. He did not wish to interfere, but, at the desire of the patient and bystanders, gave a stimulating draught. He also used warm emollient and anodyne applications to the genitals, which seemed cold and dry, and used an emollient ointment to the hypogastrium, hips, sacrum, and genitals. At length, having annointed his hand, he began to explore the situation of the fœtus, which, although it was altogether preternatural, he succeeded in altering so far as to reintroduce the arm and bring the head towards the os uteri; but he was obliged to desist from his efforts on account of the unusually undilatable and constricted state of the os uteri, which

compressed his hand beyond endurance, there being at the same time the greatest feebleness of the general powers, and expulsive action of the uterus. The hand again protruded spontaneously by and bye, and the woman died undelivered about ten, a.m. the next day. Hildanus, wondering what could be the cause of so unexpected a death in a previously healthy woman, procured an inspection. The cavity of the belly was filled with serous blood, for, owing to the pains and violent movements of the fœtus (?), some veins in the parenchyma of the liver and about the os sacrum had been ruptured, and the hæmorrhage had unquestionably caused death. He gives the position of the fœtus. The fœtus being removed, he found a very hard scirrhus, the size of a child's head, into which the uterus had been converted, and which had been the ultimate cause of death, by preventing the dilatation of the uterus, and by therefore causing the full grown fœtus to have such an impetus that the veins were ruptured and hæmorrhage followed.(?)

Dr. F. H. Ramsbotham, in his lectures in the fourteenth vol. of the "Medical Gazette," p. 162, gives a case in which the os uteri was but partially destroyed, but the remainder was thickly studded with scirrhous tubercles. The patient was worn down to the lowest ebb of life, and, to lull the acuteness of her sufferings, for many weeks took two ounces of tincure of opium daily. Labor did commence, but the woman died undelivered very soon. Gastrotomy was not performed, as there was every reason to believe that the child was dead. At the post-mortem examination, the os uteri was found dilated to the size of half-a-crown, partially ulcerated, the principal portion thickened, and excedingly indurated. The membranes had ruptured. The woman had died from exhaustion.

It is somewhat curious that, in the cases related by Hildanus, the nature of the disease was not suspected before the post-mortem examinations of the body; and as far as regards the case quoted from Horstius, it seems more likely to have been a non-malignant tumor of the womb than genuine carcinoma, as the woman seems to have had no pain with it. The same remark may probably apply to the cases of Hildanus, in which it is stated that the diseased parts were nearly as large as a fœtal head, a magnitude not usually, if ever, reached by true cancer. The older pathologists used the word scirrhus in a very wide sense, meaning by it any hard tumor. If this supposition be true, these three cases will strongly resemble, in a practical point of view, the very interesting case of Dr. Montgomery, related in the sixth vol. of the "Dublin Journal," in which the Cæsarean section was performed on account of a fibrous tumor springing from the posterior surface and right side of the uterus, and occupying one half of the whole length of the organ, comprising the upper portion of the cervix and the greater parts of the body. Had the same practice been adopted in them, we may reasonably suppose that the children at least might have been saved.

In remarking upon the cases included in the two last sections, I would beg to recal to the mind of the reader the remarks made by Dr. Denman on his own case, particularly in reference to the rule that ought to guide us in deciding upon difficult questions in midwifery. He admits that this rule in cases where, from the nature of the disease, it is impossible to save the mother, should be to adopt some plan that will at least save the child. This would seem a just and proper rule; but so great a dread of the Cæsarian section exists, that practitioners feel reluctant to adopt it, even although the alternative presents worse prospects. For my own part, I shall never feel justified in proposing the use of the perforator and crotchet in a case of pregnancy connected with malignant disease of the os and cervix uteri, and for two reasons; the first of these is, that delivery by the crotchet in such cases is a more serious operation for the mother than the Cæsarean section; and the second is, that even if it were not so, we have no right to destroy the child *in any* case of midwifery without a moral certainty existing that we shall save the mother by so doing; and the cases in which this cruel operation has been performed prove not only that this certainty does not exist, but that the very reverse is the case.

Delivery per vaginam in this disease, even where there is room for the child to pass unmutilated, is a grave affair for the woman, partly because the os uteri can never dilate to the requisite amount without lacerating, and partly owing to the contusion which the diseased structures undergo from the pressure of the fœtus. The local effects of the injury sustained by these are most serious; but this is not all, for the constitution sympathises most remarkably with them, as may easily be conceived, when we bear in mind the marked constitutional suffering which ensues in a case of laceration occurring in a healthy uterus. Now, in this case, not only does the laceration act upon the whole system, but the exquisite pain of the crotchet operation, and the exhaustion thence ensuing, plays its part; ulceration, if not pre-existing, is set on foot, if existing, is aggravated, the contused parts slough, and this additional mischief is again reflected on the constitution. Dr. C. Clarke's case died in a few days after delivery, and he attributes the death to the effects of the labor. Dr. F. H. Ramsbotham's first case died the second week after the labor; his case of cauliflower excrescence was in the greatest danger. Dr. Merriman's first case died in six weeks, his second "soon after." Madame La Chapelle's first case died the next day, partly from pre-existing peritonitis, but unquestionably in some degree from the severe lacerations that occurred. Dr. R. Lee's case, where the vectis was used, died very soon after delivery from ruptured uterus, and he alludes to another case related to him by Dr. H. Davies, where the same event happened. It will be observed that in all these cases no sharp instruments were used during the labor; nay, in most of the cases no instruments at all. If we now turn to the cases where the crotchet was used—viz., Dr. Denman's, Dr. R. Lee's, and my own—we shall find that Dr. Denman's patient died undelivered, Dr. Lee's the next day, and my own in half an hour. Now, it is certain that the results of the Cæsarean section could not be more appalling than these. As regards the pain of the two operations, there is no comparison; for the use of the perforator and crotchet to deliver a child through the narrowed and exquisitely tender structure involved in carcinoma, is, without exception, one of the most horribly painful proceedings that can be instituted; whilst the unanimous testimony of accoucheurs proves

the Cæsarean section to be an operation by no means unusually painful for a capital operation.* These considerations seem to me to prove the statement that, all things considered, with the evidence we have before us, it is safer for a woman to submit to the Cæsarean section than to the use of the perforator and crotchet in such a case.

We now come to the other statement—viz., that we have no right to destroy the child to save a woman, who must unquestionably perish from the disease under which she is laboring, and that, too, almost immediately after delivery.

The morality of the crotchet operation has been a question that has been keenly discussed by the French and English schools of midwifery, and the decision has been dissimilar in the two countries, partly, perhaps, owing to religious considerations. The same may be said of the Cæsarean section. If the French have been too reluctant to use the crotchet, the English have, perhaps, been too ready,† and, as in most other disputes, the middle path is the best. The advocates of the crotchet have always based their argument on the fact that it is a safe operation for the mother; and, indeed, the destruction of the child could be compensated for by this circumstance alone. The mind naturally shrinks from the use of the perforator, as it does from artificial abortion, and for the reason thus beautifully expressed by Dr. Perceval, "To extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man, these regular and successive stages of existence being the ordinances of God, subject alone to His divine will, and appointed, by sovereign wisdom and goodness, as the exclusive means of preserving the race, and multiplying the enjoyments of mankind." (Vol. II, pp. 430-1.) Nothing but an imperative necessity, such as the desire and probability of being able to save a more valuable life by such a proceeding, can ever warrant our having recourse to it. Now, there are circumstances under which it becomes a very nice question, and one that no one would wish to have left to his determination, to decide upon the comparative value of the life of the mother and that of the child; and in such a case the leaning must necessarily be to the side of the parent. But I do not believe that so nice a calculation can arise in the cases before us, even could we be certain of the mother's surviving till the natural course of the disease destroyed her; for no life can be less valuable, humanly speaking, than that of a woman worn to a skeleton, and suffering the agonies of the last stage of carcinomatous disease—agonies which the most powerful medical assistance fails to lull. I do not conceive that such a state of existence can ever be put in comparison with the probabilities of life, and of the blessings life confers, which a living infant, about to be delivered by the Cæsarean section, may be said to have; and in stating this, I am aware that these are probabilities only. I believe that those who take a different view of this question do so from the habit that they have got of looking upon life in utero as something different from life ex utero—a habit of mind, perhaps, too common amongst us.

Dr. Robert Lee has suggested the propriety of inducing premature labor in these cases, and a very valuable suggestion it is, within certain limits. The same objection that applies to perforation applies to bringing on premature labor at any period before the child may be considered viable; and, therefore, it seems to me that we should not adopt the plan before the seventh month. When we have done this, and the parts do not dilate sufficiently to allow the child to pass, it is still open to us to incise the os uteri; and if this is insufficient, we may apply the long forceps, thus combining a plan which Dr. Radford was the first to propose in distortions of the pelvis, the induction of premature labor, and the subsequent application of the forceps, with the vaginal Cæsarean section. By this method, as in Madame La Chapelle's third case, we shall probably save the child; and experience has shown that the woman has recovered from the immediate effects of such an operation. There is an argument in favor of artificial premature labor, in the fact that Nature herself often adopts this plan of lessening the difficulties of these cases—a circumstance which depends on the diseased cervix uteri being unable to take on those changes which usually begin to occur at the sixth month. Unfortunately these cases do not always present themselves to our notice at a time when we have the choice of such a proceeding left to us.

Before dismissing the subject, a few general remarks may be made, which I have not hitherto found an opportunity to offer.

There can be very little doubt that in the majority of these cases the uterine affection precedes conception, since the average duration of malignant diseases of the os uteri exceeds nine months; and I know no fact more surprising than that the process of generation should be capable of being set on foot, continued, and terminated, whilst the principal organ concerned therein is in so diseased a condition. The age at which it has been most common, as far as we can gather from those cases where this is noted, seems to be about thirty or forty, and it has generally occurred in women who have had several children. It has frequently shortened the duration of pregnancy in two ways—first, by preventing the development of the lower part of the uterus; and secondly, by determining the death of the fœtus, from the severe and successive hæmorrhages that occur from the diseased parts. In general it seems that these hæmorrhages have been among the first circumstances that have led to the true nature of the disease being discovered; and where they have not existed, it has frequently happened that the obstetrician has not been aware of the existence of any unusual state of the parts, till the tediousness of the labor has led him to institute an examination of the os uteri. I may here notice a non-malignant condition of this part, which I have

* See Dr. Hull's second letter to Mr. Simmons, and Dr. Montgomery's case of Cæsarean section, in the sixth volume of the "Dublin Journal."

† Dr. Radford, of Manchester, gave an admirable course of lectures on Operative Midwifery last year, in which he discussed this subject very fully, and from these lectures and private conversation with him, I was first led to the opinions here broached. It is to be hoped that the public will, ere long, have the benefit and pleasure which was enjoyed by the profession in Manchester, through the medium of some of the journals, since many new and important doctrines were broached which deserve the fullest consideration of obstetricians.

frequently observed in women who have had several difficult labors, in which instruments have been used, since it may lead to an error in diagnosis. This consists in a knobbed, indurated, irregular state of the os uteri, with deep clefts existing between the tumefied portions. It is the result of the inflammatory condition that succeeds the contusion, and slight laceration of the parts, that generally occurs in such cases. When the os uteri has suffered from this two or three times in succession, it becomes converted into an indurated, irregularly swollen ring, which is not very unlike the scirrhous stage of carcinomatous disease, and which may be mistaken for such by the careless observer. The freedom from pain or tenderness, the non-existence of discharge, the absence of constitutional suffering, and particularly the previous history of the case, distinguish it from the genuine malignant affection.

The diagnosis of pregnancy in these cases is more difficult than in the ordinary condition of the parts, from our not being able to avail ourselves of the ballottement, owing to the rigidity and pain of the parts interfering with our manipulations. The other signs are generally equivocal, with the exception of the perception of the fœtal movements through the abdominal parietes by the practitioner, and the sounds furnished by auscultation. The stethoscope in these cases is invaluable.

With regard to treatment, we have considered that which is appropriate to the various degrees of the disease with which we meet in presentations of *the head;* but it remains for us to notice that which is best adapted to the *other presentations.* As there are very few such cases on record, however, the plans spoken of cannot be considered as having altogether received the sanction of experience. Speaking, then, theoretically, when we meet with the breech or the feet presenting, where we should leave the case to the natural efforts if it were a head presentation, I conceive that we should not interfere until we have satisfied ourselves that the natural powers will prove ineffectual. If we then decide upon incising the os uteri, we shall find it the best to do it as early as possible, in order to avoid the difficulties that would arise from the body of the child occupying the vagina. The prognosis for the child would, of course, be unfavorable in any case, since the funis would be nearly certain to suffer great compression before the head was delivered. If the arm or any part of the trunk presents, so that version is required, it would, in all probability, be necessary to make many small radiated incisions in the thinnest parts of the os uteri before attempting this operation, during which these incisions would lacerate further, so as to allow of tolerably free dilatation.* Version being effected, which should be done by bringing down one leg only, on Dr. Radford's plan, so as to prevent the funis being compressed as much as possible, the delivery should afterwards be conducted on ordinary principles. The child would be likely to perish.

In funis presentations I should feel inclined to make incisions into the os uteri as soon as I discovered the complication, and apply the long or short forceps as early as possible, if the pulsations had not ceased. If the funis had ceased to pulsate, the case might be conducted as though no such complication existed. It may be thought that early incisions in such a case would be worthy of the name of "meddlesome midwifery;" but when we remember the fatality of funis presentations to the offspring, under the most favorable circumstances, we are, I think, warranted in proposing such a course. It seem to me that the whole of our practice in these cases should turn upon the best mode of saving the child, since we have already shown that all modes of treatment are much the same in their ultimate results as regards the mother.

In conclusion, I must apologise for the length to which my remarks have been carried; but as cases similar to those that form the subject of this communication are so rare, that the best mode of practice in relation to them can hardly be considered settled, it seemed to me that the occurrence of an unsuccessful case, in my own practice, might form a very favorable opportunity for reviewing the whole subject. If I seem to have drawn largely on the experience of others for my information, I have merely to plead that no one could expect, even in a lifetime, to meet with sufficient experience on such a subject as to warrant him in drawing his conclusions from that only; and a perusal of systematic works of midwifery will satisfy any candid reader of their extreme barrenness on a matter in which each individual author has had but a limited experience. It has seemed to me to be far better to give the reader the means of judging on this question for himself, by relating a number of cases that have really occurred, than to retail out old opinions from authors on midwifery as an appendix to my case—opinions which seemed to me to want revising; and if any further excuse for my prolixity is required, I would ground it on the fact that the late Dr. Denman, who had seen as much difficult midwifery as most men, had views so unsettled on this subject, that he frankly owns to having committed a great error in the only very serious case of the kind that he ever met with. The moment of perplexity, that occurs when an unusual case is presented to our notice, is not the time in which to decide upon the principles of treatment which should guide our practice with regard to it; and on subjects like the present, which are seldom presented to our consideration, the merely practical man is very likely to fall into error. An acquaintance with the cases that have been recorded is imperatively necessary to the formation of a correct opinion on the prognosis and treatment of similar ones; and in the hope that the subject will obtain such consideration from your readers as it deserves, I have been induced to present all the information I could collect upon it to them.

* Madame Boivin, in her work on "Diseases of the Uterus," alludes to a case related by Zeppenfeld (Diss. System. casum carcinomatis uteri cum graviditate conjuncti, Berol, 1828) in which this plan was adopted.

ON THE
PROPER POSITION
IN
FRACTURE OF THE FOREARM.
IN REPLY TO SEMISUPINUS.

By JOHN CHADWICK, M.D., Bury, Lancashire.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I thank your correspondent, "Semisupinus," for the attention which he has given to my paper on the proper position in treatment of fractures of the forearm. He says, however, that he is "disposed to continue in the practice of setting fractures of the forearm in the middle state, between pronation and supination"—

1. From the irksomeness of the supine position in comparison with the semiprone one. Now, granting that the supine position is more irksome than the usual one, it does not therefore follow, that the usual is the proper one. It is always irksome to keep a set of muscles permanently on the stretch; but I contend that in proportion to the extension of the pronator muscles in treatment of this fracture, will be the extent of rotatory motion enjoyed by the patient afterwards; and it seems as easy to resist the "tendency to pronation" by suitable splints, when the pronator muscles are fully extended, as when they are only half extended; indeed, tendency to displacement is much less in all fractures after the lapse of two days from the time of setting. The arm naturally tends to the prone state after fracture; and in this state, the biceps having rolled the upper portion of the radius outwards, the pronators having rolled the lower one inwards, and the long supinators having been relaxed by flexure of the elbow, there is no restraint on any muscle, and they are all easy;—but the bone is in the worst possible posture.

2. "It is as easy to adapt the upper portion to the lower by semipronation, as it is to adapt the lower to the upper by supination; for with a splint at the back of the arm, from the elbow to the fingers, I think we command the position of the bones completely." Now, the upper portion of the bone not being displaced, but merely turned on its own axis, I should like to know how (till the bone is reunited) it can be brought into, or kept in, the semiprone position, and especially when the bone is not broken below its middle. In rotation of the hand, the radius revolves round the axis of the forearm; in doing this, it turns round its own axis in about two inches of its length at the upper end; whilst below this it rolls round the ulna. But when the radius is fractured, the whole of the upper portion turns on its own axis merely, and *cannot* be rolled back till the bone is united; so that, when fractured below the middle, it is not enough to push the lower end of the upper portion round the ulna to the semiprone position, seeing that it still remains turned on its own axis.

3. He next brings forward the result of his own experience, which seems to decide the matter against me. Some of my professional brethren here, also, who place the limb in the semiprone position, tell me that their experience of that position is quite satisfactory; but then they, like your correspondent, insist on the necessity of having the splints to extend "from the elbow to the fingers," and are very careful not to let the hand fall into the prone posture. They have been more fortunate than I have been, or they must have overlooked some impairment of the rotatory motion of the hand. It is quite certain that many patients in this neighbourhood, after having had their arms in splints the requisite length of time, and finding themselves unable to supinate their hands, go off to bone-setters who insist on the necessity of "breaking the bone afresh," which means forcing the limb into the supine posture;—the results being, that the patient has perfect motion of the hand restored to him, and that ever after he believes himself to have been saved from permanent lameness.

Mr. Benjamin Phillips says ("Medical Gazette," May, 1840), the arm is "placed between pronation and supination, and supported by a sling across the chest; some persons place the palm against the chest, but the proper attitude is that in which the palm is directed upwards, so that, in the language of an old preceptor of mine, you can spit in it."

The "British and Foreign Medical Review," Oct., 1838, reviewing Mr. Lonsdale on Fractures, says, "Much time and space are occupied in proving that, in fracture of the forearm, the palm of the hand should not be placed against the chest. This was scarcely necessary; the common practice is not so; the dictum of our quandom instructor was, 'bring the hand so that you can spit into it.'"

Messrs. Boyer, Allan, S. Cooper, Liston, and Fergusson, recommend the semiprone posture, and I believe it is the posture generally chosen by surgeons in this country. They almost all urge the necessity of pressing the muscular substance into the interosseous space, to prevent impairment of the rotatory motions. On this point Mr. Syme says, it is "difficult to prevent the bones from approaching each other more or less, and uniting together so as to impede their rotatory motion." On the other hand, Mr. Phillips says, that "in museums, although we may see many cases of very deformed union, we very rarely see a specimen of perfect union between the bones."

Dr. Colles, of Dublin ("Edinburgh Journal," Vol. X), writes on a "fracture of the carpal extremity of the radius," for which he recommends that "a thick and firm compress be applied transversely on the anterior surface of the limb, at the seat of fracture, taking care that it shall not press on the ulna; let this be bound on firmly with a roller, and then let a tin splint, formed to the shape of the arm, be applied to both its anterior and posterior surfaces." The effect of a compress, thus applied, will be to force the lower fragment of the radius towards the supine posture.

Your correspondent brings no objection against the supine posture, except the allegation that it is comparatively irksome. He commences his note by avowing his determination to continue the middle posture, although he admits, in conclusion, that "he is inclined to believe that there do occur fractures of the radius high up, in which the supine position is best."

I hope that, after more observation and reflection on the matter, he will, in his next communication, subscribe himself, not "Semisupinus," but *Supinus*.

I am, Gentlemen,
Your obedient servant,
JOHN CHADWICK.

Bury, Lancashire, Oct. 24, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, OCTOBER 28, 1843.

The abstract of the new charter of the Royal College of Surgeons of England, which we gave last week, will have put our readers in possession of the provisions of that document. In expressing any opinion upon these provisions, we were desirous to treat the charter with all respect on several accounts, and especially because it professes to be a first step towards that full reform of our medical institutions which must ultimately come. Whether the placing of the corporate rights of medical practitioners upon a sound basis be early or protracted, we cannot but see in this measure a step in advance; and whatever may have been the intentions of those who framed it, and however they may have endeavoured to guard against future encroachments upon the detestable system of monopoly which lurks but ill-concealed behind the verbiage of liberality, the adoption of the elective system, imperfect as it is, and the extension of the numbers of those from among whom the elections are to take place, will in time work out a cure to the evil. A quarter of a century has now elapsed since the passing of the Apothecaries' Act, and the result of that act has been the virtual dissolution of the company. Before another quarter of a century, we venture to predict that the present attempt at retaining power and emolument in the hands of the few, disguised as it is by the apparent extension of that power to certain additional members, will result either in the total overthrow of the college, or in such farther change of its chartered privileges as shall render it a fitting institution for the reception, on equal grounds, of every qualified surgeon in the kingdom.

The members of the Provincial Medical and Surgical Association are well aware that the three leading principles of reform sought by the association are—1, uniform and efficient primary qualification in every branch of the profession; 2, equal right to practise for all so qualified through every part of her Majesty's dominions; 3, the adoption of the representative system in the formation of the governing body or bodies. The new charter forming, as one of our contemporaries has facetiously termed it, a "supplemental" measure to a general system, as yet *in nubibus*, blinks all allusion to the first two of these simple, intelligible, and equitable requirements. We shall presently see how far these "supplemental charters required by the Colleges of Surgeons, in order to fit them for bearing a part in the proposed general system"—if, indeed, similar charters are to be granted to the Edinburgh and Dublin Colleges—are in accordance with the third requirement.

In the charter just promulgated, we are informed that the existing council of twenty-one are, within three months from the 14th of September last, to elect (!) from two hundred and fifty to three hundred members, to form, with such others as within the twelvemonth they may farther choose to nominate, the new fellows who are to constitute the basis of the electoral body, from and by which the future members of the council are to be chosen. Thus each of the privileged twenty-one has the power of selecting from ten to fifteen of his friends and relatives, and, in virtue of this selection, to invest them with honors and privileges above the thousands of which the members of the college consist. The shameless traffic in patronage, supposing any real or presumed advantage to be conferred by the fellowship, herein attempted to be grasped by the present council, is too apparent to require comment.

But when the body of fellows so constituted is assembled for the choosing of councillors on the first Thursday in July next, is there then to be a virtual election of the council? No such thing; the existing members are to retain their seats at the board for life (verily, they have taken good care of themselves), and the three new members, to make up the number twenty-four, are to be elected, to be ejected again at the next annual period, unless some of the dead weight of the life-members of the council should decease during the year.

Every member of the college, every surgeon possessed of its diploma, is qualified for being enrolled amongst the first batch of fellows. After the first year the candidates for the fellowship must, it seems, be twenty-five years of age, and pass a second examination. Why, it may be asked, is the restriction with respect to age dispensed with during the first year? If no member of the present council has a young gentleman in whom he is interested—son, grandson, nephew, or cousin—in favor of whom this really judicious restriction is or may be abandoned, it would seem to be opening a door to the perpetration of abuses without even a motive. However this may be, there is no personal restriction on the admission to the fellowship for the first year; so that any member of the college, possessing sufficient claim upon, or influence over, one or more members of the existing council, has a chance of enjoying the honors and privileges, whatever these may be. But the subsequent admission to the council is sedulously guarded, and no fellow who does practice, or has practised during the preceding five years, either midwifery or pharmacy, can be appointed on the council; and no provincial surgeon, however eminent he may be—no surgeon residing and practising without the pale of a magic circle, extending five miles from the General Post-office—can gain admission into the conclave on any terms whatever.

What earthly reason for the exclusion of any of the

so-called fellows from the council can there exist, because he happens to reside five miles from the General Post-office? Is it the distance which is to render it impossible for him to give his attendance at the meetings of council? No man in his senses, in the present day, can allege so absurd a reason. An hour's travelling would bring any surgeon from a radius of from twenty to thirty miles all round the metropolis; and surely, if such were the reason, the centre of the arc selected should have been the place of meeting, which, we presume, will be the college hall. We avow ourselves, therefore, to be at an entire loss to understand the reason of this restriction, unless it be for the purpose of limiting the number of persons who are to be qualified for councillors, and excluding the provinces from all share in the government of the college.

In short, almost every provision relative to the election of the council is faulty in the extreme. One-third or one-fourth of the council ought to have gone out in rotation, instead of one-eighth, and the present members of council should not have been excepted from the operation of the rule. Those going out ought not to have been eligible for immediate re-election. There is no reason, also, excepting only the system so evidently adopted of excluding the provincial fellows, if such there should be, from the exercise of their rights, for the exclusion of proxies. As to clause 18, which we produce here entire, we do not profess to understand it. "That when any eligible fellow shall have been passed by for want of any such nomination as aforesaid, or, having been balloted for, shall not be elected a member of the council, he shall cease to be eligible to be elected, except upon such special terms of nomination as shall, by the council by bye-law, be for the time being provided for such cases; and upon such special terms, any fellow so passed by or not elected, may be re-nominated for, and be elected a member of, the council; but if he shall be, on such second occasion, either passed by or not elected, he shall for ever thereafter cease to be eligible for election upon the council."

We are willing, as we have before said, to receive the charter as a step in advance, for nothing could have been worse than matters as they are, or rather were; but to us it appears, that although, under its provisions, time may, and indeed must, gradually introduce the leaven of something better into the college, so that a new and more durable edifice shall arise out of the ruins of that which is rotten to its core, and must crumble into dust, the whole measure has been framed on an exclusive system, to keep, as long as possible, all power in the hands of the present council and their nominees, to throw the provinces into the back-ground, and to foster that system of centralisation which is prostrating before it and destroying all the energies of the country.

This, after all, is, we believe, the clue to the conduct of the Home Secretary in refusing to listen to any application made from the Provincial Association or from provincial towns. The government favors the system of centralisation, and anything which tends to interfere with that, they refuse to entertain. The interests of the medical profession, or the bearing of medical questions on the real benefit of the community, meet with no corresponding regard from them. They are equally ignorant of the subject and indisposed to be enlightened upon it. The cry for a reform of the medical corporations is too strong to be entirely disregarded, and the corporations are themselves aware of it. The language of the government is,—We neither know anything nor care anything about the matter; arrange it amongst yourselves, but the provinces must have as little voice as possible in any measure to be recommended by you; centralisation must not be interfered with. The natural bias of self-interest, therefore, leads the existing members of council to retain as much of power and privilege as they can in their own hands, and a fallacious system of policy indisposes the government to grant anything which appears to have a contrary tendency. Hence, on the one hand, with the language of liberality we have a perseverance in monopoly; and, on the other, with a professed extension of privileges, a determined adherence to systems of exclusion.

A LATE INQUEST AT MANCHESTER.

QUESTIONABLE CONDUCT ON THE PART OF THE CORONER.

We profess ourselves to be tolerably well versed in the vagaries of that hybrid functionary, the attorney-coroner. We are well aware how many blunders, each of them more or less repugnant to the interests of justice, and derogatory to the character of our professional brethren, must infallibly be made by men who, even supposing them to be possessed of the best intentions, are, by the want of all medical knowledge, perfectly incompetent to decide in cases where medical testimony alone is concerned. It is no very uncommon thing to read some coarse, taunting accusation, of ignorance or malpractice, directed against the medical witness by the legal coroner, or by the enlightened jury over whom he presides. And injurious enough such treatment is to men whose livelihood depends on a fair reputation. But it seems that not only the indignity of a rebuke, but the penalty (for such it is) of an arrest, with the galling wound which it inevitably inflicts on the feelings of every honest man who finds himself, for a moment even, in the place of a felon, may be inflicted by these worthies; not only in ignorance or contempt of all medical testimony (that were nothing new nor wonderful), but also in defiance even of the rules of law—rules which *we* do not presume to judge of, but a knowledge of

which is the solitary qualification that can be pleaded in behalf of these usurpers of a purely medical office.

The preceding observations relate to a case that has recently occurred at Manchester. The facts are briefly these :—

On Thursday morning, the 5th of October, a Mrs. Loftus, an out-patient of the Manchester and Salford Lying-in Hospital, who had been confined three days previously, sent a female messenger, Jane Whittingham, to the hospital for some medicine. She received a Dover's powder and senna mixture. The patient Loftus gave the Dover's powder at noon to her infant, three days old. The child, of course, soon gave evidence of narcotic poisoning. At eight in the evening it was taken to a neighbouring druggist, Mr. Cooke, and soon after nine it was seen by Mr. Dorrington, one of the surgeons to the hospital. At half-past three on the following morning it died.

On the succeeding Saturday, October 7, an inquest was held before Mr. Chapman, the borough coroner. We take our report from the "Manchester Guardian" of October 18.

"The first witness examined was Jane Whittingham, of 10, Kinder's-court, who stated that on the previous Wednesday morning she went to the Lying-in Hospital, in South Parade, for some medicine for the child's mother, who had been confined to her bed since its birth. Witness took the mother's admission ticket now produced with her, and was desired to tell the medical man that the deceased was afflicted with an inward pain. At the hospital, witness saw a gentlemen whom she took to be a surgeon, and gave him the ticket; at the same time telling him of the state in which the deceased and its mother were; upon which he said he would order a mixture in a bottle for the mother, and a powder for the deceased; and he then wrote a prescription on the back of the admission ticket, and gave it to witness, telling her to go to the clerk who served out the medicines. She did so, and the clerk gave her a mixture in a bottle and a powder. The surgeon said the mother was to take a tablespoonful of the mixture every four hours; but he gave no directions about the powder, nor did the clerk, and there were no instructions written upon either of the medicines. Witness gave them both to the mother of deceased, and told her what the surgeon said about the mixture, and that he had ordered the powder for the deceased. The deceased died next morning, and was only three days old. William Cobain was the clerk who gave witness the medicines.

"Ann Fox, wife of Patrick Fox, laborer, stated that she was present on Thursday morning, when the last witness was sent for the medicines, and also when she returned, and heard her say that the mother of the child was to take a tablespoonful of the mixture every four hours, and that the powder was for the child. About noon the mother gave deceased the powder in her own milk. There was no label upon the bottle or powder, and the deceased fell asleep immediately after taking the latter. About four o'clock, witness took the child into her arms, when it awoke, but seemed to be in great pain and convulsed. Mr. Henry Runcorn, the house apothecary, was sent for, and remained until about eleven o'clock; he tried restoratives, but the child continued to get worse, and died about three o'clock the next morning."

We must observe that here is a mistake on the part of Ann Fox; it was not Mr. Runcorn, but Mr. Dorrington who came: this is a rather important fact, as will appear presently.

"Jane Whittingham was here recalled, and stated that she did not know whether it was on Wednesday or Thursday morning that she went for the medicines. She went for medicines for another person at the same time, but did not get confused respecting them, nor turn back to ask any question after they were delivered to her."

"After hearing the evidence of Jane Whittingham, the coroner intimated that upon her evidence Mr. Henry Runcorn, the house apothecary, who had given the prescription which had killed the child, and Mr. Wm. Cobain, the clerk, who had dispensed the medicine, must consider themselves in custody until the termination of the inquest.

"His words were, 'I am sorry to tell you you are in custody; it is a very unpleasant business; but you will have to remain in custody, unless you can give me an assurance that you will appear again if you are called upon.'

"Mr. John Leigh Cooke, druggist, stated that the prescription on the admission ticket (which was handed to him) was ten grains of Dover's powder for the mother, and a senna mixture. The powder would contain one grain of powdered opium, one grain of powdered ipecacuanha, and eight grains of sulphate of potash. Such a powder given to the child would poison it. The opium alone would kill it, and the ipecacuanha would produce vomiting. The powder was only fit for an adult. Witness saw the deceased about eight o'clock on Thursday evening, when it was quite unconscious and unable to swallow. He had no doubt that this was the effect of opium, and was the cause of death. If a powder had been taken several times by a patient, it was common to write upon it, 'the powder,' without any addition. In this instance witness should have added, 'for the mother.' At the hospitals written directions were seldom given; it would be almost impossible to give them where there were so many patients.

"Jane Whittingham was now a second time recalled, and stated that the surgeon told her that the mother was to take a tablespoonful only of the mixture, not four, every four hours. *Before witness said anything about the child, the surgeon gave her the ticket with the prescription upon it,* but when she mentioned the child he took the ticket again, and said he would order a powder for it; and he then wrote upon the ticket a second time.

"On the prescription being produced and examined, and its being found to differ from, and indeed to invalidate, the statements of the witness Whittingham in several important particulars, the coroner intimated to Mr. Runcorn and Mr. Cobain that they were no longer in custody.

"Mr. Henry Runcorn, house apothecary at the hospital, was then called as a witness, and stated that

the prescription for the powder and mixture was in his handwriting. Both the medicines were for the mother, and the prescription for the powder, as appeared by the paper, was written first, and for the mixture afterwards. The powder was to allay the afterpains, and of the mixture he ordered *four* tablespoonfuls to be taken when required. He could not have ordered one tablespoonful only to be taken, as it would not have the effect intended. Most commonly they did not label the medicines.

"The jury eventually returned a verdict to the effect, that the deceased 'Died from the effects of opium administered in mistake.'"

Now, the first point which must strike every reader, on perusing the foregoing report, is, that no medical evidence was called for by the coroner, before proceeding to so grave a step as the placing Mr. Runcorn and the dispenser in custody. It is perfectly inconceivable that a coroner should cause a medical gentleman to be arrested on a charge of manslaughter, on the sole statement of a stupid old woman, which was, on the face of it, utterly incompatible with the written evidence on the ticket which she produced at the very commencement of her examination. The witness, Jane Whittingham, stated, when first examined, that Mr. Runcorn said "he would order a mixture in a bottle for the mother, and a powder for the deceased." Now, the prescription on the ticket stands *verbatim* thus:—

Oct. 5. R. Pulv. Doveri gr. x.
for the mother.

R. Mist. Sennæ.

And we ask whether any one in his senses would not have seen at once, that the written prescription entirely contradicted the witness's statement, even without waiting till she confessed on her third examination, that "*before she said anything about the child* the surgeon gave her the ticket with the prescription on it?" We repeat, that if the coroner had paid the slightest conceivable attention to the case before him, and had taken the trouble to compare the witness's evidence with the prescription, he must have seen it to be quite impossible that the powder could have been prescribed for the child, as Whittingham stated; and would have spared Mr. Runcorn the needless disgrace which he inflicted on him.

But we again ask, why was no medical evidence called? Why was not Mr. Dorrington summoned, who was the surgeon in attendance for the week, and who remained with the child from nine till eleven? for we need scarcely say, that although Mr. Runcorn gave his evidence at the close of the case, the coroner is not to be thanked for that. He could not have been admitted as a witness had he remained in custody, which he very easily might have done, had not the woman Whittingham's story luckily been found, on her third examination, to be so incoherent and contradictory, that even the coroner's eyes were opened at last to the real state of the case.

We have learned, from unquestionable authority, that Mr. Dorrington, on Saturday morning, some hours before the inquest, sent the dispenser, Mr. Cobain, to the coroner's office, to inform the coroner's summoning officer that he was the surgeon in attendance, and that his evidence ought to be produced at the inquest. The answer was, that he would be of no use, because he got to the child too late! We have learned, also, that the coroner stated, two days afterwards, to Mr. Hunt, Mr. Dorrington's colleague, that he believed Mr. Dorrington interfered so much in the matter, because he had been disappointed of his fees! We wish we could congratulate the coroner, or his officer, on the good sense or good taste of either of these remarks. We would only observe, that it is rather hard that a qualified medical man should be placed in custody on the testimony of an old woman and a druggist, before the ordinary means of ascertaining the truth had been taken, by examining an authorised medical practitioner.

We are very glad to find that the trustees of the hospital came forward in support of their medical officers, in a manner that does them infinite credit. Immediately after the inquest, the medical committee demanded a copy of the depositions, which, after some trouble, they obtained; and, on the following Thursday, the case was brought before a special meeting of the trustees. After a lengthened discussion, they came to the resolution, that Mr. Runcorn and the dispenser were entirely free from blame, and that their conduct was always such as to entitle them to their full confidence. Against this resolution, one dissentient hand was held up; for, strange to say, a Mr. Grave, a near connection of the coroner, had, with a mixture of execrably bad taste and bad feeling, qualified himself as a trustee the night before the meeting, and appeared there as the solitary accuser of the gentlemen who had already suffered so undeservedly from his relative's indiscretion.

It is true that the practice of sending out medicines without labels, which is the ordinary mode of proceeding, not only in this, but in the other medical institutions in the vicinity, is anything but a proper one. Yet, like many other things that are wrong in the abstract, excuses are to be found for it in this particular instance. For, in the first place, it is stated that the number of applicants is so great, that it would be perfectly impossible to label all their medicines; and, in the next place, we grieve to learn that very few of the patients could read the directions, even if there were any. So that, although the plan is undoubtedly a bad one, there is no reason why the penalties of it should fall on Mr. Runcorn's head, who merely followed the ordinary practice of the place, and who, besides, took the unusual precaution of

writing on the ticket that the medicine was for the mother.

It was stated at this meeting by Mr. Milne, a gentleman who belongs apparently to the legal profession, that, under any circumstances, the coroner has no legal right to throw any person whatever into custody, until the jury has given a verdict authorising him to do so. With this, however, which is a legal question, we shall not interfere. We regard the subject only in a moral and professional light, and will leave our readers to determine whether the ends of justice are likely to be attained in such a case without the assistance of medical testimony; and whether the coroner was justified in his harsh treatment of the officers of the hospital by the self-contradictory evidence of Jane Whittingham.

Lectures on the Principles and Practice of Physic, delivered at King's College, London. By THOMAS WATSON, M.D., Fellow of the Royal College of Physicians, &c. &c. In two volumes. pp. 830 and 812. London: Parker, 1843.

(Second Notice.)

We gladly resume our notice of these interesting volumes for the purpose of laying before our readers a few of the excellent practical observations with which they abound.

We believe there are very few who would not occasionally be glad of a hint in the treatment of that perplexing malady, tic doloureux. The following passages may, perhaps, offer some useful suggestions:—In our investigation of the point from which the disease may be most effectually attacked, says Dr. Watson—

"When we can find no explanation of the pain in the very spot in which it is felt, we should look for some condition that may explain it in the trunk of the nerve supplying that part, or in the parts supplied by other branches of the same nerve, or (if we are still unsuccessful) we look for other indications of disease in the brain or spinal marrow; and, if these be wanting, we should extend our search, and inquire whether there be any intelligible disorder or cause of irritation elsewhere, which, operating through the medium of the nervous centres, may have occasioned the sympathetic pain of which our patient complains."—Vol. I., p. 690.

Having, then, alluded to the very rare instances in which the disease is associated with a plethoric state of the system; to the far greater number of cases in which an opposite state exists, and which may probably be benefitted by iron; to the necessity of attending to the state of the digestive organs; to the occasional good effects of alkalies; and to Sir Charles Bell's random prescription of croton oil, which proved successful "in the cure of a patient upon whom much previous treatment had been expended in vain;"* to the occasional good effects of anti-rheumatic remedies, and the few instances in which local treatment is available (the aconitine, perhaps, more to be depended on than anything else), he relates the following instructive case, which we transcribe the more willingly because it is one of the very few existing records of the practice of a man unrivalled for shrewdness and practical tact. And, by the way, how many similar men there are, gifted with extraordinary powers of observation, who, having enjoyed long years of successful practice, die, and make no sign. Loaded with the fruits of experience, they leave the benefit of scarcely one practical hint to their successors, and add scarcely a single mite to the sum of human knowledge.

" —— sed omnes illacrimabiles
Urgentur ignotique longa
Nocte."

We may add, with the poet,

" Paulum sepultæ distat inertiæ
Celata virtus "—

and hope that many a busy practitioner will be induced to bequeath to posterity some few results of his labors in the pages of this Journal.

"I was asked, a few years ago, by a friend," says Dr. Watson, "to go with him, to call on a relation of his, who labored, he said, under tic douloureux; he did not wish me to see her professionally, but was desirous that I should witness what he considered an extraordinary complaint. I saw a young girl, about twelve or thirteen years of age, very pale and delicate, lying on a sofa; and I learned from her and her mother, that she was subject to the most excruciating agony in one side of her face and neck. The pain came on whenever she swallowed anything; the act of deglutition proved invariably the exciting cause of the torment. She was at that time under the care of a practitioner, who desired that she might eat mutton-chops three or four times a-day. Of course, this was a sentence full of misery to her; but so desirous was she to get rid of her disease, that she resolved steadily to follow the directions enjoined to her. This plan was to be tried for at least a month after that time, if she were no better, her mother had resolved to consult another practitioner, who had been much recommended to her. I should say, that she had already consulted a great number of medical men; for the malady had existed nearly two years. At the end of the month she was worse than at the beginning, and the new practitioner, Mr. Pennington, was called in. He acted, like a man of sense and sagacity, upon the fact, that the act of swallowing always gave rise to the pain; and he advised that she should not attempt to swallow for twenty-four hours. That period passed without any return of the pain; but it immediately recurred upon her eating a morsel of bread. The result of this experiment, however, encouraged him to hope that the morbid habit might be broken through by a sufficiently long abstinence from swallowing. And, as she had been subjected to a great variety of fruitless treatment, he gave her no medicine, but advised that she should refrain altogether from taking food or drink by the mouth. Nourishing injections,

* Sir Charles Bell's plan was, to mix one, two, or three drops of the oleum tiglii with a drachm of the compound extract of colocynth, and give five grains of this mass with ten grains of the compound galbanum pill at bed-time.

composed of beef-tea, with an egg beat up in it, or of milk, were thrown up into the rectum, two three times a-day. This plan was persisted in for a longer time than I should have supposed she could have endured it. No nutriment whatever was taken by the mouth for five weeks and three days, and no paroxysm of pain occurred. At the end of that period the pulse sank suddenly, from between seventy and eighty, to thirty-five beats in a minute, and, thereupon, Mr. Pennington thought he had carried his experiment far enough; and deemed it advisable to administer, by the mouth, a dessertspoonful of beef-tea twice a-day. This was continued for four days without producing any return of the pain. A small piece of fish was then allowed, and, afterwards, some chicken; and proceeding thus cautiously, in the course of a month, she was able to eat and drink anything, without the slightest inconvenience.

"I should state, however, that, some time afterwards, the neuralgia returned in another situation, affecting the left knee; and this was remedied by a different mode of treatment. She is since dead,"—Vol. I. p. 697.

In a disease where so much depends on the apt application of empirical remedies, no remedy once successful ought to be overlooked.

"There is a kind of face-*ache*, which cannot properly be reckoned as a species of neuralgia, for it does not occur in short stabbing paroxysms, nor is the pain acute enough to entitle it to the name of tic douloureux; but which is very common, very distressing, and, under ordinary treatment, sometimes very intractable. It is called by some a rheumatic pain; it occupies the lower part of the face, the jaw principally, and the patient cannot tell you exactly whereabouts it is most intense. It is often thought to proceed from tooth-ache, and bad or suspected teeth are extracted, bnt with no good effect. Now I allude to this, for the sake of saying that, some years ago, I was instructed, by an experienced old apothecary, that this face-ache may be almost always and speedily cured by the muriate of ammonia; a medicine that we seldom give internally here, although it is so much used in Germany. And I have again and again availed myself of this hint, and been much thanked by my patient for the good I did them with this muriate of ammonia. It does not *always* succeed; but it *often* does. It should be given in half-drachm doses, dissolved in water, or in almost any vehicle, three or four times a-day. If the pain does not yield after four doses, you may cease to expect any benefit from it. In two or three instances of a similar kind that I have recently had to treat, I have found the iodide of potassium, in doses of five or six grains, work a speedy and permanent cure. This induces me to suppose that the pain, in some of these cases, is periosteal—I so judge from the ascertained efficacy of the iodide in other periosteal affections attended with pain."—Vol. I. p. 700.

The observations which we meet with respecting the influenza are judicious and interesting. The symptoms are pourtrayed to the life; the chilliness and fever, succeeded by irritation of the respiratory mucous membrane, and the remarkable prostration of strength that immediately ensues. The cause of the disorder is ascribed, not to any ordinary variations of temperature, but most probably to a widely diffused contamination of the atmosphere with a *material something*, and that, most probably, a something *portable*, as proved by the instances too numerous to be attributed to mere chance, in which the complaint first broke out in those particular houses of a town at which travellers had recently arrived from infected places. To illustrate the simultaneous outbreak of the epidemic—

"On the 3rd of April, 1833—the very day on which I saw the first two cases that I did see of the influenza, all London being smittten with it on that and the following day—on that same day the Stag was coming up the Chanel, and arrived at two o'clock off Berry Head, on the Devonshire Coast, all on board being at that time well. In half an hour afterwards, the breeze being easterly, and blowing off the land, forty men were down with the influenza, by six o'clock the number was increased to sixty, and by two o'clock the next day to one hundred and sixty. On the self-same evening, a regiment on duty at Portsmouth was in a perfectly healthy state, but, by the next morning so many of the soldiers of that regiment were affected by the influenza, that the garrison duty could not be performed by it."—Vol. II., p. 42.

The various hypotheses as to the real nature of the atmospheric poison; the electric and magnetic theories are examined, and the insect hypothesis pronounced, as an hypothesis, to be most consistent with what is known of the phenomena of the disease.

"Myriads of animalcules, or of vegetable germs, coming in contact with the mucous membranes, and especially with that of the air-passages, irritate (it is imagined) these surfaces, and exercise a poisonous influence upon the system. Now, the sporules of certain fungi, which ruin the health, and destroy the vitality of larger plants, on which they prey, are inconceivably small."—Vol. II., p. 45.

He briefly alludes to the same hypothesis when treating of the epidemic cholera, and notices the similarity in the birth-place of the two diseases, and their march across the globe, and in their powerful depressing effects on the economy.

The whole subject of diseases of the chest, together with the explanation of the various means for ascertaining the exact condition of the thoracic vicera, are detailed with admirable clearness and simplicity; and it gives us no small pleasure to find that Dr. Watson, like his friend Dr. Latham, discards all the interminable perplexities and minutiæ of nomenclature which most authors on the subject eagerly adopt, in subservient imitation of the French writers whom they take for their models. Every fact is here described completely, but simply, and every important phenomenon receives an intelligible distinctive name.

When treating of pneumonia, Dr. Watson gives full credit to the powers of tartar emetic in its *first stage*,

provided it is administered with such precautions as prevent it from causing vomiting or purging, its effects being confined to the inflammation itself. But when the disease has reached the stage of consolidation, he puts more faith in mercury; observing that, in the advanced stage of the disease, our treatment must be regulated by the general powers of the patient, rather than by the state of the lung.

"If the pulse continues steady and firm, wait patiently the effect of the mercury. But when sunken features, a pallid face, coldness of the surface or extremities, a tendency to delirium, and (above all) a feeble or irregular pulse, proclaim that the vital powers are giving way, it will be requisite, as in other cases where death is threatened by asthenia, to administer cordial and stimulant medicines, as the carbonate of ammonia in a decoction of seneka, or wine, and to feed the patient well on milk or beef-tea.—Vol II., p. 94.

We must conclude our protracted notice of Dr. Watson's lectures, with our hearty commendations of them to all students and practitioners.

An Anatomical Description of the Human Gravid Uterus and its Contents. By the late Dr. Wm. Hunter. Second Edition, by Edward Rigby, M.D. With Notes, and eight Plates. pp. 90.

It is singular that a work of such value as that which forms the present notice should, of late years, have become so nearly forgotten. The fact is, nevertheless, true, and to this circumstance must we in great measure attribute the extraordinary opinions respecting the placental circulation, which were broached by Lauth, &c. &c., some few years ago. We, therefore, hail the appearance of a second edition with much pleasure, and can only regret the editor has not been a little more liberal in the quantity of annotations which he has added to it. Although Dr. Rigby excuses himself, on the score of unwillingness to increase the size of the work, for not giving a brief digest of the highly interesting discoveries on the development of the ovum, which have lately enriched this department of physiology, we cannot but regret his having so entirely passed over this subject without attempting, in some measure, to bring it down to our present state of knowledge, the more so as his own work in the "Library of Practical Medicine" shows him to be well acquainted with it.

We need scarcely say that the original bears the impress of Dr. Hunter's mind in every line of its simple but masterly descriptions. If we were to select any portion as pre-eminent in merit, it is the chapter on the placenta, which leaves scarcely anything to be desired upon this difficult but interesting subject. Dr. Hunter's admirable summary thereon shall form our only quotation:—

"From all these experiments and observations, which have been often repeated and diligently attended to, with no other desire than to discover truth, it seems incontestable that the human placenta, like that of the quadruped, is composed of two distinct parts, though blended together—viz., an umbilical, which may be considered as a part of the fœtus, and an uterine, which belongs to the mother; that each of those parts has its peculiar system of arteries and veins, and its peculiar circulation, receiving blood by its arteries, and returning it by its veins; that the circulation through these two parts of the placenta differs in the following manner: in the umbilical portion of the arteries terminate in the veins by a continuity of canals, whereas in the uterine portion there are intermediate cells into which the arteries terminate, and from which the veins begin."

The editor's notes are chiefly on the corpus luteum, nerves of the uterus, placenta, and decidua, in which he gives a condensed view of our present knowledge on these subjects. Many of these are confessedly *questiones vexatæ*, and are handled with much care and judgment.

The plates are remarkably well executed; those of the corpus luteum are some of the most delicate and best finished specimens of zincography we have yet seen. The work is well worth the perusal, not only of the scientific anatomist, but also of the practitioner and student, to which better class of readers we particularly recommend it.

BIRMINGHAM PATHOLOGICAL SOCIETY.

February 4, 1843.

W. H. Partridge, Esq., in the Chair.

Dr. Percy exhibited to the society a specimen of aneurysm of the left ventricle of the heart.

Case I.—A. B., aged fifty-four, naturally of a strong constitution, but given to intemperance in the use of intoxicating liquors (more particularly in early life, at which time he was in the habit of taking strong exercise, engaging much in field sports, in addition to the labor and fatigue of his business); enjoyed good health to within three years of his decease, when he complained of uneasiness at the pit of the stomach, and all the other symptoms of indigestion. He then first consulted Dr. Percy. His tongue was foul, bowels inactive, and appetite diminished; the pulse slow and feeble; the examination of the chest gave no signs of disease either then or for the next two years and more, nor were his symptoms of disease increased, excepting a loss of flesh. Dr. Percy was called to him suddenly early in the morning, about seven weeks before his decease; he was then laboring under a severe attack of dyspnœa, attended with great pain at the region of the heart and down the arms; was ordered leeches to the back of the neck, and a blister between the shoulders. Dr. Fletcher was called in, and recommended him to be cupped at the nape of the neck. Aperients and stimulants were given, and he gradually improved. The motions from the bowels were unhealthy; his pulse slow and feeble; the sounds of the heart were heard over a greater space than natural, and the extent of dulness in its region on percussion greater than usual, but no other ab-

normal sound could be distinguished; the kidneys acted but indifferently; appetite bad; a loathing for food or drink; the attacks of dyspnœa became more frequent and more distressing, often three or four in a day and night. No amendment in any other respect. About seventeen days before his death he was advised removal into the country; when he went was principally confined to his bed; anasarca came on, and the difficulty of breathing increased. The anasarca was removed by aperients and diuretics, but no improvement resulted; no alteration in the physical signs of chest. He was removed again to the town about six days before his death; his attacks of dyspnœa were at this time particularly distressing, and continued so up to the time of his death, which occurred suddenly, whilst sitting in his chair, on the 7th of October, 1842.

Sectio Cadaveris, Twenty-four Hours after Death.

Body not decomposed nor much emaciated. Head not examined. Lungs healthy. Heart dilated, principally at the expense of the apex and left side of left ventricle, where was a patch of adhesion of the pericardium, of about the size of a shilling. The right auricle, right ventricle, and left auricle, were generally dilated to a small extent; and the left ventricle was also, in addition, partially dilated, more especially at the point of adhesion above referred to, where its walls were so thin as to suggest that a previous rupture would have occurred but for the adhesion to the pericardium. On cutting open this ventricle, the partial dilatation was found lined by successive layers of coagulated fibrin, similar to what occurs in aneurysmal sacs, the outer of which were firm, and adherent to the walls of the ventricle, whilst the inner were softer, and in some points appeared broken up, and mixed with the blood of the ventricle, giving the appearance of pus and blood mixed together. The coronary arteries were not diseased. Liver enlarged, indurated, and presenting the nutmeg appearance; spleen and pancreas healthy; stomach, small and large, intestines also healthy; kidneys presented the first stage of Bright's disease; ureters and bladder healthy.

Dr. Percy then brought forward a specimen of very extensive strictures of the ileum.

Case II.—S. B., a girl, aged seventeen, of spare habit, had never menstruated. Dr. P. first saw her seven years ago, when she was suffering from a violent attack of ileus, which lasted three days, and was relieved by the use of injection with the colon tube. Dr. Percy was called to her on three or four occasions between this time and her death. The attacks were of a similar kind, but more aggravated in character; no hope was given of her recovery, and she sunk gradually under the last attack, having vomited incessantly for the last three days before decease. The bowels had been constipated for more than eight days prior.

Sectio Cadaveris on the 27th of January, 1843, Twenty-four Hours after Death.

The body emaciated, and very considerably decomposed; signs of puberty not developed. Head not examined. Extensive and firm adhesions of both pleuræ. Lungs healthy. Pericardium and heart healthy. Liver, spleen, and pancreas healthy. Stomach dilated, and so closely adherent to the parietes of the abdomen as to be cut into in opening that cavity; the cavity of the peritoneum was intersected by numerous bands, which glued together the intestines, and one remarkable band passed over the upper portion of the ileum, binding it down, and producing contraction of its calibre in that situation, above which the small intestines were considerably dilated, and below it the ileum was contracted, twisted, and so much entangled, as to render it impossible to trace its course; portions here were so much contracted as almost to obliterate its cavity, and rendered the passage of fluid, which was tried, impossible.

The cœcum, colon, and rectum, were contracted to a cord. The whole urinary apparatus was normal, and the genital organs had not undergone the development of putrescence.

Dr. Percy exhibited a skeleton of a monkey affected to a great extent with mollities ossium. The bones of the forearm, the femurs, and the bones of both the legs, were very much contracted, and all the bones appeared rough, and very imperfectly ossified. The animal was one of the genus Cebus, or Sapajou monkeys of South America. The Doctor had the animal two years in his possession. He began to decline at the beginning of the second year; the first symptom observed was slight dragging of the hinder extremities; great depression and loss of energy soon followed, the animal having previously been remarkable for liveliness. The disease insidiously proceeded, until at length the bones became softened and variously contorted; towards the last every movement of the animal was attended with pain; the appetite continued good, and occasionally the animal would eat his own *ordure*. No morbid appearance of any kind was discovered after death. The intestinal canal was quite healthy in appearance.

The upper canine teeth were developed in situ, and produced curious tubercles under the orbits. The teeth continued to be developed, while the development of the osseous tissue generally was arrested.

Dr. Percy said the circumstances under which the disease appeared were four.

1. Comparative confinement.
2. Nutriment of a kind very different from the natural food of the animal.
3. Masturbation, which was continually practised, by drawing the forearm across the glans, in a direction the reverse of that of the hair.
4. Absence of proper mental occupation or recreation, if the expression may be allowed in relation to monkeys, which, in a state of nature, are ever actively engaged in the pursuit of nutriment, or in gambols of various kinds.

The chemical examination of the bone was deferred.

Dr. Percy then brought before the notice of the society a heart in which were polypous concretions in the right auricle.

Case III.—Benedictus Bragg, admitted October 27, 1842, into the Queen's Hospital, aged seventeen, and in appearance not older than twelve. His health has always been delicate, and he has had several severe illnesses, of which the principal were small-pox at three or four years of age, typhus fever at seven or eight, and lastly, purpura, which lasted for a considerable time, and since which he has never been well. His aspect is truly cachectic, and his countenance dejected and leucophlegmatic. His body and lower

extremities are now affected with psoriasis guttata. Of late he has had a scanty allowance of food. He complains chiefly of pain in the præcordial region, of occasional cough with expectoration, of dyspnœa, and palpitation, excited by exertion; of thirst, headache, increasing debility, and great dejection of spirits. His appetite still continues pretty good; his face and eyelids, and legs, are œdematous; the left side of the chest is much less inflated on inspiration than the right, and, measured in the usual way, is an inch and a half less than the right. There is also on this side, anteriorly and posteriorly, general dulness on percussion, and very feeble respiratory murmur, which in the lower parts cannot be detected; absence of resonance. The heart's action is extremely rapid; both sounds are heard, and are not attended with bruit; impulse a little internal to left mammella, and stronger than natural; pain of a cutting character, excited by deep inspiration or coughing, and referred to the left side of the chest, near the mammella. The cough and pain in the side commenced three months ago. Pulse rapid, small, regular, and moderately compressible; tongue pale and moist; bowels moved yesterday; the urine contains albumen. He gradually got worse in spite of remedies, in every respect, became very restless, could not lie in bed, and, at his urgent request, he was removed from the hospital to his own home. He died on the morning of the 25th of January. Fluid had escaped before death from his leg, and the whole of the left extremity was in a gangrenous state, the surface presenting generally a deep red, and in many parts a dark brownish red, appearance, especially towards the groin.

Sectio Cadaveris on the following Day, at One, p.m.
(Present, Mr. Tulford, house-surgeon, and myself.)

Testes very imperfectly developed, and the pubes without a trace of hair.

Head not examined.

Chest.—Right lung everywhere free from adhesions, and perfectly healthy. Pleura of left lung everywhere firmly adherent. The lobes were united by recent and cellular adhesions, and in the situations of these adhesions specks of lymph were found. The union between the pleura-pulmonalis and costalis was evidently of considerable standing, the false membrane being very firm and tenacious. The left lung, although contracted, was yet crepitant in every part; no effusion on either side; no tubercular matter.

Heart natural in point of size; no displacement. No effusion in the pericardium, which was free from adhesions. Left ventricle slightly hypertrophied. All the valves healthy. Slight contraction at the origin of the aorta, from the arch of which a small accessory artery was given off between the subclavian and common carotid. In the right auricle fibrinous concretions were found; one, of the size of a hazel-nut, was firm, dense, white, and rounded; it was solid throughout, and presented no trace of concentric structure or of organisation; it was attached by a pedicle terminating in filaments, which interlaced with the muscular fibres of the auricle. It was situated just external to the orifice of the superior cava. There was also another similar yet smaller concretion. Filaments, and small pedicellated collections of dense fibrin, were interlaced with the muscular fibres of the appendix of the auricle. The right ventricle contained a layer of dense fibrin, firmly adhering by filaments to the muscular substance, and to the cordæ tendineæ of the tricuspid valve. In both cavities of the right side of the heart were loose coagula of blood.

Abdomen.—Stomach and intestines were empty and contracted, and had a pale leaden hue. The kidneys presented the mottled appearance of confirmed granular degeneration. The other viscera were healthy. The bladder was distended with urine, which was albuminous, as it had been throughout the whole trial. The case had been under the care of Dr. Percy.

Mr. Hodgson then brought before the society a fine specimen of strumous kidney. The patient had been attended by himself and Dr. Blakiston, and had suffered from severe symptoms of stone in the bladder, and passed a considerable quantity of pus and blood with his urine. He was sounded, but no stone was discovered, but the operation very much augmented his pain. The symptoms of stone were so remarkable, that the patient was sounded three or four times with no better success. Before death he voided an immense quantity of pus.

The kidney was enlarged, and full of curdy matter. It was a good specimen of strumous disease of the kidney. It was impossible to say which of the structures was most involved; it was general all over the cortical and tubular structures, and affected also the mucous membrane lining the pelvis and utriculi of the kidney. The sympathy evinced by the symptoms of stone in the bladder between the kidney and the bladder was very remarkable.

In another case Mr. Hodgson was called in to examine a young lady for stone in the bladder. The symptoms were very decidedly those of that disease, yet on sounding no stone was found. After death the kidney was found to be one large abscess, and the bladder quite healthy.

A gentleman consulted with Mr. Hodgson who had all the symptoms of stone in the bladder. He had excessive pains, and passed a considerable quantity of pus and blood in his urine. He had neither stone in the bladder nor disease of the kidney, but a carcinomatous disease of the rectum, which projected anteriorly, and produced all the symptoms complained of. It was the only disease found after death.

In a gentleman who passed a large quantity of healthy urine, the kidney was found large and flabby, but otherwise healthy; but its cavity contained a number of small concretions, one of which Mr. Hodgson produced to the society.

Mr. Hodgson then exhibited a large calculus, which had been taken from a kidney of a gentleman after death, who had never complained of any symptom it had produced.

Mr. Hodgson then mentioned a case of suppression of urine, which occurred in a gentleman near Bromsgrove, in whom the kidney was found very much diseased; and also a case of suppression which had occurred in a surgeon who complained also of pains in the region of the kidney. It continued for a length of time, and the catheter was passed frequently. At length the secretion of urine returned, and still continued, and the gentleman enjoyed comparatively good health, but had frequently pains in the regions of the kidneys, in which Mr. Hodgson said he had no doubt there was disease, for he did not believe that

there were any cases of suppression of urine, excepting in cholera, without disorganisation of the structure of the kidneys. Experience in these cases did not lead him to believe in the assertion of Sir Henry Halford, which he had made in his paper in the "Transactions of the College of Physicians," that they depend upon paralysis of the kidney. He thought that was never the case, but that the cause of suppression of urine was always either a calculus or some change of organisation in the kidney, or in some portion of the urinary apparatus. In one case of suppression of urine there was carcinoma of the glans. This was amputated; the urethra remained much contracted, and there was a very small secretion of urine, which at length amounted again to suppression, when death terminated the scene; and, on examination of the body, the kidney was found as much decomposed as if it had been exposed several weeks, although only a short time after death, and no other decomposition was present. In another case of suppression of urine, stones were found in the prostate gland. In another fatal case Mr. Hodgson found disease of the ureter and bladder; and in another that he remembered, disease of the kidney. Mr. Hodgson terminated his remarks relative to suppression of urine by saying that of course he would not affirm that these cases were necessarily fatal, for he knew many that had recovered; but he firmly believed that they were all dependant upon some organic change in some portion of the urinary apparatus.

REGISTRATION OF STILL-BORN INFANTS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Feeling the great importance of having all statistical returns as perfect and uniform as possible, I have taken the liberty of sending you the following particulars:—

On the 6th of October, 1842, I attended a woman with her fifth child, which was still-born, and from the peeling off of the cuticle must have been dead for some days.

On the 2nd of October, 1843, the same person was delivered of twins, both male children. The first was born alive (and is still living), the second *never breathed*, although the heart continued to pulsate for nearly an hour, artificial respiration having been kept up during that time.

On calling the next day, I was somewhat surprised that *both* of the children had been registered—and that the registrar had given a certificate for the still-born child's burial—and still more so when the mother told me that she had had a similar certificate last year for her child then also still-born.

I shall feel obliged if you will favor me with a reply to the following questions:—

1. Does the law recognise an infant as being born alive *which never breathed?*

2. Is it customary or lawful to register a *still-born child?*

I am, Gentlemen,
Yours truly,
FRANCIS BUCKELL.

Romsey, October 7, 1843.

*** We sent a copy of Mr. Buckell's communication to the Registrar-General, who favored us with the following reply:—

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In reply to your note of the 21st instant, respecting the registration of still-born children, I have to state for your information, by direction of the Registrar-General, that the instructions issued to registrars on that subject are as follows, namely:—

"Still-born children must not be registered; but if a child is born alive, and dies how soon soever after birth, both the birth and the death must be registered separately in the proper form."

The question whether the law recognises an infant as being born alive which never breathed, is one which the Registrar-General does not feel himself authorised to decide.

I am, Gentlemen,
Your obedient servant,
THOMAS MANN, Chief Clerk.

General Register-office, Oct. 23, 1843.

*** It may be interesting to notice, that the law in France on the subject of the registration of still-born children is exceedingly uncertain at present. We learn from the "Gazette des Hopitaux," (23rd of September, 1843,) that a maid servant who had been delivered of a still-born child, together with her master, and the *officier de santé*, who had assisted at the accouchement, were condemned to fine and imprisonment by the Tribunal of Montélimart for violating the 346th article of the penal code, which provides penalties for every person who has been present at an accouchement, and neglects to make a declaration of the birth to the proper officer. The parties condemned appealed, however, to the Correctional Tribunal of Valence, which acquitted them on the ground that the child was still-born. But their condemnation was subsequently confirmed by the Court of Cassation; although it had been decided by a Court of Cassation, in 1836, that no penalty attached to the neglect of registering a still-born infant.—EDS.

ST. GEORGE'S SCHOOL OF MEDICINE, LONDON.

The introductory address at this school was delivered this year by Dr. Lankester, the lecturer in the school on materia medica and therapeutics. The principal objects of the address were, in the first place, to present to the mind of the student the nature of the facts upon which medical science is based; and, in the second place, to point out the principles which ought to direct the student in the reception of the statements of others, and in the investigation of facts for himself. We subjoin the following extracts from the lecture:—

"From the study of the laws of inorganic nature, the student passes on to those of the organic kingdoms. He will not now have less to do with the laws of inorganic matter, but the subjects of his study assume a much more complicated character under the influence of what is called vitality; I will not say the principle of vitality, for organisation is only another form under which matter is submitted to our senses.

The simplest forms of organic matter are presented to us in the vegetable kingdom. In the *protococcus nivalis* we have a simple cell; the membranes of this cell are formed of vegetable mucus, a proximate principle of plants, and containing in its composition carbon, oxygen, hydrogen, and nitrogen. This cell lies upon the snow, where it is engendered, and derives from the atmosphere the elements which form the mucus of which its walls are composed. In this simple form it absorbs, it digests, it assimilates its food, it grows, and, before it dies, other little cells are produced in its interior, which are left behind to live the same life as their parent had before them. This is vegetable life; and the most magnificent trees of the forests of America but perform the same functions and lead the same life. It is true that the higher forms of vegetation have their different functions performed in special organs, that their tissues are more complicated, their secretions more varied, and their existence more extended; but the primary life of the plant is represented by the cell, and all the varied forms of the vegetable kingdom are produced by a repetition of its existence. The study of this cellular life in plants constitutes a distinct branch of science, under the name of *botany;* and the student of medicine is required to give a portion of his attention to this branch of inquiry. Botany is divided into two branches, that which contemplates the structure and functions of plants, and which arranges plants according to their varied forms in systems of classification. The first part forms the natural introduction to a knowledge of animal physiology, and the latter requires to be studied, for the purpose of identifying the various plants, and the families to which they belong, which are used as medicines. But, in addition to this, the classification of plants deserves to be studied, as affording the student of medicine an opportunity of investigating the principles on which all classification should be conducted, and enabling him to distinguish the difference between artificial and natural systems, and the objects which each should seek to accomplish. This is of especial importance to the medical man, whose knowledge of the cure of disease should be, as much as possible, founded on his own experience; and if he has not some mode of classifying the facts he observes upon sound principles, much of his experience will be lost, or he will be dependant on the systems of others, which will as often mislead as guide him aright. This is not the place to stop to inquire how it is that nosology is so defective, or the objection that diseases have little or no affinity with plants, and that, although the classification of plants may illustrate the principles of sound logic, it does not follow that diseases should be classified in the same manner. But I believe the principles on which the investigation and classification of disease should be conducted would be better acquired and understood by the pursuit of other sciences, than in the study of disease itself.

"From the vegetable we pass on to the animal kingdom. Both plants and animals originate in a simple cell; and, as we have plants composed of a single cell, so we have animals. Many of the polygastric animalcules appear to be little more than simple cells; they perform all the functions of the cell of the plant, and, in addition to these, they are capable of moving about, are sensible of external impressions, and take their nutriment into their body by means of a mouth. These cells perform all the functions of animal life; and the only difference between a man and a monad is, that his structure is more complicated.

It is this cellular origin of the animal and vegetable kingdoms that gives so much importance to microscopical inquiries. The cells in which an oak or an elephant commence their existence are too minute for the naked eye to investigate, and the aid of the microscope is necessary to investigate their properties. It is because the whole vegetable kingdom is but the repetition of single vegetable cells, and the animal kingdom of animal cells, that it is a matter of the highest importance to investigate their structure and functions. But this investigation of cell-life and its modifications, as it appears in the various organs which present themselves in the various members of the animal kingdom constituting *comparative and human physiology*, is not the only inquiry concerning organic beings that the student of medicine must make. The cell itself, independent of its life, has consistence, color, form, and a relation to other cells; and when these are developed and elaborated, in the tissues which constitute the bodies of the higher animals, then do all these properties become complicated in the highest degree, and their investigation becomes a peculiar branch of inquiry, called *anatomy*. It is to this study that medical men have for ages directed their most ardent regard; and it is from a knowledge of the intimate structure and relations of the various organs of the body that improved methods of treating disease, and some of the noblest triumphs of medical art, have resulted. But I need not dwell on anatomy for the purpose of recommending its study; its value is acknowledged by all, and he who neglects it cultivation as a student will repent when it is too late.

"Such, then, is an imperfect glance over the course of study which the medical student must pursue. Some may feel dismayed at the multitude of objects which must engage their attention; standing at the base of the mountain, they think they shall never reach its summit. But let them remember there are thousands who have reached it who once stood at the base like themselves. Let them only commence the ascent, determine to work on; each step is easy, and they will soon be astonished at their progress; ways will open in the mountains which they at present little think of, and the highest objects of their ambition will one day be accomplished. The course of the diligent student of medicine is one calculated to afford the greatest pleasure of which the mind is capable; for there is not only the pleasure which results from the active exercise of the mind, but that which must result from the apprehension of the mysterious workings of the Ruler of the Universe in the forms and functions of organised and inorganic matter. Added to these, too, is the yet higher pleasure of being an agent in the removal of that suffering which is so often attendant upon the presence of disease. But still there are many things that may occur to mar the happiness of his course, and against which every wise man should guard. Indolence may deaden his feeling the beauty of his pursuits; sensual gratification may degrade his estimate of intellectual pleasure; the

torture of disappointed ambition may strew his path with gall and wormwood, and the love of wealth or notoriety may betray him into errors that will for ever drive from his bosom the dignified peace of the true lover of science.

"If, however, on the one hand, there are moral causes which may interfere with the prosperous career of the medical man, there are, on the other hand, intellectual errors, that will not less fatally prevent his usefulness, and may even convert the blessing of his profession into a curse. The adoption of a false theory, or the making a hasty generalisation, by a medical man, may be made at the cost of many lives; whilst the rejection as false, of what turns out to be true, may lead to the forfeit of his reputation. It is, then, of the first importance that a medical man should understand the grounds upon which he adopts or rejects the various views that are submitted to his attention. In the reception of all our knowledge, there are two distinct kinds of evidence on which we rely as indicative of the truth or truthfulness of any particular fact, or series of facts, which are to constitute either the data for our inferences or motives of our actions. In the one case we depend on the assertion of others, and this is called *testimony;* whilst in the other case we rely on our own senses, and this is called *experience.* With regard to ourselves, there is no essential difference, as even the testimony of others must be made a matter of our own experience, and form itself one of the numerous facts of our existence that determine our actions. I need not here dwell on the necessity there is of regarding the experience of others, and acting on their testimony, as there are few well-constituted minds that are not indebted for nine-tenths of the facts they act on in daily life to the faith they have in the experience of others. But just in proportion to the amount of the facts we act upon as matters of faith, is the importance of jealously criticising the value of testimony. There are no men more dependant on the assertions of others, with regard to their duties, than medical men, and consequently none who are more frequently called upon to examine the value of testimony; and yet it is too often the case that no such examination is made, and that assertions of very different degrees of worth are acted upon with equal avidity. It may not be always easy, when a new system is proposed, or a new remedy recommended, to make inquiries with regard to the trust-worthiness of those who propose it; but at the same time, unless this can be done, the system or remedy should be rejected, unless it can be easily put to the test of experience. But, then, with regard to this, it should be recollected that experiments in therapeutics are very different in their value from those in chemistry, and that one in the latter science may be more conclusive, from its simplicity, than a thousand in the former. The great points with regard to the character of a witness are, that we should be assured of his capability of observing correctly and of reasoning accurately, and also that his moral character be free from the suspicion of an interested motive. Where you have perfect confidence in the intellect and integrity of an observer, you may act on his experience with even more confidence than on your own; but where you have reason to doubt either the power of observing facts, or of reasoning on even correct data, or the moral character of an observer, then you ought at once to reject a system, a theory, or a fact, coming from such a source. Now, before I proceed to speak of experience, allow me to apply these observations, on testimony, to some of the theories or systems that, according to their discoverers, are founded on a sufficient number of facts. I will first turn to the ranks of mere quackery, and ask, what would become of Dr. Morison's system and pills, if judged on these principles? I think that every well-constituted mind would reject the system and the pills on both intellectual and moral grounds. But let us ascend a step higher, and take the peasant of the Gräfenberg, the simple water-curer. Taking into consideration the fact of his not having had a medical education, and his boasted ignorance of science, can you trust his observations on disease, or his conclusions on its cure, setting aside the consideration of a lucrative establishment? Would you, on such testimony, wrap a patient with rheumatic fever in damp sheets? Would you, on such testimony, make a pilgrimage up the Rhine, and sit at the feet of this aquatic Gamaliel, expecting thenceforth to distil health in streams of cold water? I can already anticipate the answer of every ingenuous mind. You would not thus treat a patient. You would not go up the Rhine on such an errand; and such is the answer that is given by the great body of our profession—not, I believe, from interest, not, I believe, from prejudice, but by acting upon the soundest principles that should lead to philosophical inquiry. But some members of our profession have treated their patients as directed by Priestnitz, and some have visited his establishment in Silesia. Yes, some on whose brows the laurel of Fame has long sat—some whose writings have contributed to our knowledge of disease—some whose works have acquired for them a popular reputation—have visited the streams of the Gräfenberg, and have come back to disgrace the profession to which they belong, with the charge that even a medical education is not proof against the inspirations of empirical genius. There is, then, need for this admonition amongst the ranks of medical men themselves; and those just entering the profession have need to be warned, lest they should fall into habits of mind that may cost them their fair reputation, and bring disgrace on the body to which they belong. I might easily increase illustrations of this subject; you will find them on every side. New views, new systems, new theories, new remedies, will beset you in every step of your course. It will be impossible for you to submit all to the test of your own experience; therefore, it will become your duty to reject them, unless you can rely on the intellectual soundness and moral integrity of the parties proposing them."

PENNY DOCTORS.

The following document is one that must be painful to every member of an honorable profession. It either indicates a state of desperate poverty, that renders a man eager to catch at every straw, or else the selfish inclination to obtain a practice by underselling, and taking away the legitimate profits of his neighbours.

"*The Cheltenham Penny Medical and Surgical Society, established for the especial benefit of Servants and Working Classes, and conducted by Mr. W. C. Funge, Surgeon, Apothecary, and Accoucheur, at his residence, No. 2, Buckingham Villas, Wellington-street.—Hours of attendance, daily (Sundays excepted), mornings, from nine to twelve; evenings, from six to seven.*

"RULES.

"1. A subscription of one penny per week (to be paid every Monday), entitles the subscriber to medical and surgical advice, and medicine so long as the same is paid.

"2. Subscribers requiring medical or surgical advice, &c. (in all cases that will admit), to attend upon the surgeon within the hours above specified.

"3. Subscribers requiring medical or surgical advice, &c., whose case will not admit of attending upon the surgeon, within the hours above specified, to signify the same, that they may be attended to in the ordinary course of visiting (cases of sudden illness excepted), they being attended to at all hours.

"4. Subscribers to provide bottles, pots, and bandages, and to send for their medicines.

"Midwifery cases will be charged to subscribers to the above, 10s. 6d. Vaccination included.

"N.B. Mr. Funge has been established in Cheltenham upwards of five years; for three years has held, and still holds, the appointment of surgeon to a very extensive society, and superintends the preparation of all medicines.

"Cheltenham, August, 1843."

BOOKS RECEIVED.

The Dublin Journal of Medical Science; including the latest Discoveries in Medicine, Surgery, and the Collateral Sciences. Dublin: Hodges and Smith, Nov. 1843.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to order from their Booksellers, without delay, any numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later numbers.

T. S. is thanked for his hint.

We cannot attend to an anonymous communication reflecting on any person's character.

Mr. Palmer.—Our correspondent's wants might be supplied by a perusal of the chapter on Glanders in Burgess's translation of Cazenave.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

Gentlemen desirous of having the "Provincial Medical Journal," forwarded to them by post, may send a post-office order to the Publisher, 356, Strand, London.

TERMS.

	Stamped.	Unstamped.
One Year ..	£1 10 0	£1 6 0
Six Months ..	0 15 0	0 13 0

This day is published, in a closely-printed 12mo. volume of 400 pages, cloth, lettered, price 10s. 6d.

THE OCULIST'S VADE-MECUM. A Complete Practical System of Opthalmic Surgery. With numerous Wood-cuts and Coloured Engravings of the Diseases and Operations on the Eye. By JOHN WALKER, Surgeon to the Manchester Eye Hospital, &c.

London: Longman, Brown, Green, and Longmans. Manchester: Simms and Dinham.

Seventh Edition, 8vo. 30s. boards,

HOOPER'S MEDICAL DICTIONARY Lexicon Medicum; or, Medical Dictionary; containing an Explanation of the Terms in Anatomy, Botany, Chemistry, Materia Medica, Midwifery, Pharmacy, Physiology, Practice of Physic, Surgery, and the various branches of Natural Philosophy connected with Medicine. Selected, arranged, and compiled from the best Authors. By the late ROBERT HOOPER, M.D. F.L.S., &c. The Seventh Edition, revised, corrected, and enlarged, by KLEIN GRANT, M.D. &c. &c., Lecturer on Therapeutics at the North London School of Medicine.

London: Longman and Co.; and the other Proprietors.

Just Published, in 8vo.

OUTLINES of PATHOLOGY and PRACTICE of MEDICINE. Part I, including Inflammatory and Febrile Diseases. By WILLIAM PULTENEY ALISON, M.D., F.R.S.E., Professor of the Practice of Medicine in the University of Edinburgh, 12s.

By the same Author,

OUTLINES of HUMAN PHYSIOLOGY. The Third Edition, 8vo, price 12s.

William Blackwood and Sons, Edinburgh; and London.

32mo, cloth, price 5s,

MR. F. O. WARD'S OUTLINES of HUMAN OSTEOLOGY: a Compendious Treatise on the Anatomy and Mechanism of the Skeleton.

"J'ai lu avec un vif interet ce traité d'osteologie, et surtout les remarques sur les os Wormiens—sur la direction des vaisseaux des côtes—sur les mouvements de la poitrine—et sur les capacités comparatives des parties anterieures et posterieures du crâne des diverses races humaines."—*Jules Cloquet.*

"It is seldom that we meet with a treatise on so old a subject as anatomy that displays so much freshness of conception and original research."—*Medical Gazette.*

"The best work on the subject."—*Lancet.*

London: Henry Renshaw, 356, Strand.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 162.] LONDON, SATURDAY, NOVEMBER 4, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

MALIGNANT

PUERPERAL FEVER.

A STATEMENT OF FIVE FATAL CASES, INVOLVING THE QUESTION OF CONTAGION.

WITH REMARKS.

By N. B. Fisher, Esq., of Bungay,

Member of the Royal College of Surgeons, London.

Next to the publication of these cases of puerperal fever—"that plague of the lying-in chamber"—which are intrinsically valuable, my object has been to fix the attention of the obstetric practitioner on the subject of *contagion*. Some writers, such as Drs. Campbell and Mackintosh, and Mr. Hey, believe the disease to be purely inflammatory, and non-contagious; and yet, with strange inconsistency, style it "puerperal fever." Others speak of its being contagious only when epidemic, and not when occurring sporadically, as in my examples. But I would beseech the profession, for the sake of humanity, and as they would escape the deep regret of being accessory to the death of their patients, to profit by my experience, and take the utmost precaution in every instance.

Case I.—Mrs. S., aged thirty-eight, a fine healthy woman, was delivered on July 28, 1843, at half-past three, a.m., of her eighth child, after a three hours' easy natural labor. During the day had usual after-pains; pulse quiet, and very comfortable.

29. Ten, a.m. Pulse still quiet, and proceeding most favorably.

Nine, p.m. Pulse quickened; breathing frequent; skin hot and moist; but no pain or tenderness in uterine region; lochial discharge natural. Ordered aperient draught and effervescents.

30. Nine a.m. Bowels freed six times; no abdominal complaint; washed with perspirations; breathing hurried; pulse 120, full, and soft; breasts flaccid; had had some sleep; lochia continued. Learnt that a rigor took place the previous afternoon. To have effervescent draughts, with tincture of digitalis and nitrate of potash every four hours.

Nine, p.m. Symptoms unabated; abdomen anxiously examined, but no pain on pressure, or any complaint referred to that part; has wandered during day; watched carefully for development of inflammatory mischief, but in vain. Ordered salines to be continued, and gave five grains of mercury with chalk, with three grains of extract of henbane, in a pill, every four hours.

31. Symptoms and treatment much the same as yesterday.

August 1. Called up at half-past four, a.m. Attacked with severe pleurisy of left side; pulse 145, full, and compressible; breathing catching and hurried, and extremely painful; reeking perspirations; at times delirious; lochia present and not offensive; bowels several times acted on. Had a dozen leeches to side, which afforded great relief. To continue pills and mixture, and take immediately fifteen grains of Dover's powder; to have arrow-root and sago.

Nine a.m. Pleuritic pain has increased. Ordered a blister to side. Has been delirious at short intervals; evident great want of power. Suggested consultation, but not acceded to by patient. As the day advanced the pleuritic action became even more fearful; pulse feebler, and feels exhausted.

Half-past ten, p.m. Visited in consultation with Mr. W. Henchman Crowfoot, of Beccles. Abdomen carefully examined; found rather distended, but soft, and without either pain or tenderness; lochia present; the respiratory murmur audible all over the chest. Prescribed by Mr. Crowfoot five grains of calomel and one of opium every six hours, and twenty minims of tincture of digitalis in a saline, with camphor mixture at same time. Prognosis most unfavorable; some *latent* uterine inflammation suspected.

2. Ten, a.m. Seen again with Mr. Crowfoot. Had slept through the greater part of the night, and expresses herself as feeling better; but we feared it arose from soothing effects of opium, as the pulse was 140; still reeking perspirations; breathing anxious and hurried; and a good deal of delirious excitement. To continue pills and mixture.

Four, p.m. Pleuritic inflammation seized front of chest, with aggravation of former symptoms. Applied a dozen leeches; to be followed by a blister.

Ten, p.m. Strength rapidly failing, and becoming drowsy; surface clammy; pulse 150. Medicine withdrawn, and as much brandy and arrow-root given as patient can swallow.

Midnight. Comatose, and unable to swallow; vomited several times; respiration very labored, but no crepitation.

Expired at half-past three, a.m.

Death took place by way of coma.

Throughout the illness the patient had an unshaken presentiment of her death.*

Case II.—Mrs. H., aged twenty-six, was delivered, one, p.m., on August 5, of her fourth child, after a short, easy labor.

6. Doing well; has milk, and child has sucked.

7. Three, p.m. Learn that last evening she felt something like a stitch in left side, and rather more after-pain, but had a tolerable night. Had taken some aperient pills this morning without effect, and

* Mr. Fisher informs us that he had a wound on his hand covered with sticking plaster whilst he was attending these patients. The wound healed well enough, and he does not attach any importance to the circumstance, but wished it to be just alluded to.—Eds.

the pain has gone on increasing up to the present time. Abdomen rather full, and extremely tender and painful, especially left iliac region; pulse 140 small, and compressible; perspiring profusely; countenance flushed and distressed; tongue nearly clean. Placed with difficulty in sitting posture, and bled to twelve ounces; almost fainted, during which pulse became so rapid as hardly to be counted. She was ordered calomel and Dover's powder, of each ten grains directly, and in three hours a black draught; effervescent draughts every two hours; and abdomen to be diligently fomented until next visit.

Nine, p.m. Learn that, at five o'clock, on rising to take something, had a chill. Blood healthy-looking, but crassamentum loose; pain had been relieved by bleeding, but was increasing; abdomen still impatient of pressure and painful, particularly on left side; bowels unrelieved. To take a black draught; a dozen leeches applied to left iliac region, and hot poultices used; and after the bowels had acted freely, to take five grains of calomel, one of opium, and a quarter of a grain of tartar emetic, every four hours.

8. Eight, a.m. Abdomen soft, less tense, and much easier; bowels acted six times, evacuations dark and offensive; pulse 138, small, and compressible; surface hot, and reeking with perspiration; lochial discharge continues; breasts flaccid; she expresses herself as better, and has slept three hours; has been extremely thirsty, and frequently called for effervescent draughts. Has taken four pills, which are to be continued; abdomen to be kept covered with a hot, dry flannel.

Two, p.m. Has been quite easy; lies upon her sides with the legs straight out; abdomen soft, and only slightly tender; respiration frequent; the bowels very frequently acting. To omit the pills and draughts, and take five grains of mercury with chalk, one of powdered opium, and ten of chalk, every three hours; to have arrow-root and sago frequently.

Ten, p.m. Feels easy, and frequently dozes.

2. Called up at three this morning. The pain returned at midnight, chiefly in left iliac region, which pressure aggravates, but neither pain nor tenderness very distressing; abdomen rather full; breathing extremely hurried, almost panting; restless; countenance anxious and sunk; skin cooler, but very moist; pulse 146, and feeble; the bowels had been running; head unaffected, and mind clear. The mercurial powders to be left off; a dozen leeches applied to seat of pain; abdomen afterwards *covered* with a blister, to be removed as soon as the skin is red. Thirst intolerable, and craved for effervescents again, which had been discontinued from looseness of bowels; unaffected by mercury; has vomited, and feels very sick. Ordered five minims of diluted hydrocyanic acid, and half a grain of muriate of morphia, every four hours.

Ten, a.m. Blister acting well; patient more tranquil; breathing better; but aspect not less perilous. To have farinaceous nutriment, with a teaspoonful or two of brandy, every half hour.

Eleven, p.m. Condition the same.

10. Half-past eleven, a.m. Mr. Crowfoot did me the favor to see the case. Advised a continuance of same remedies. He remarked that he should not have thought so unfavorably of her state, but for the death of first patient, seeing how easy and tranquil she lay.

Eleven, p.m. Pulse weak and fearfully rapid; stomach inclined to reject all that is taken; frequently passing offensive watery motions; surface clammy, and hands cold; abdomen flaccid, rather full, and not tender; tongue coated white, and moist; mind calm and clear. To have nutriment, with brandy, diligently given. She has hitherto lain in any posture; now lies on her back powerless, and evidently fast sinking. Ordered ten grains of sesquicarbonate of ammonia in camphor mixture every two hours; two one-grain opium pills, to be given each hour; and if the bowels are not stayed, to have five and twenty drops of laudanum in a teacupful of arrow-root thrown up the rectum twice, at an interval of two hours. Waited until one, a.m., to see the remedies properly administered.

11. Seven, a.m. Had vomited and purged incessantly; pulse scarcely to be felt; skin cold and clammy, with a clear consciousness of rapidly approaching dissolution. Her state bears the aspect of a person dying of Asiatic cholera. She continued vomiting almost without intermission until she expired at half-past one, p.m.

Death took place by way of asthenia.

Case III.—Mrs. F., aged thirty-seven, was delivered of her fifth child on August 5, at two, p.m., after a three hours' natural labor.

6. Reported to be doing well.

7. Half-past three, p.m. Learn that she was attacked at nine, a.m., with a shivering, followed by purging and vomiting, and severe abdominal pain; has passed a large quantity of feculency, clayey-looking, with some relief to the pain; pulse 130, full, and soft; tongue loaded with a yellowish-white fur; sweating profusely; pain extends across the upper part of abdomen, and over chest; epigastrium acutely tender; countenance distressed; the slightest motion aggravates pain; breasts flaccid; and lochia natural. With difficulty got into sitting posture, and twelve ounces of blood drawn, almost producing syncope, the pulse becoming much more rapid and thready. Gave immediately ten grains, each, of calomel and Dover's powder; ordered diligent fomentation for six hours, and left her six pills, each containing two grains of calomel, one of opium, and a quarter of a grain of tartar emetic, to be given one every two hours. Much easier before I left her.

Ten, p.m. Pain ceased soon after I left, and now lies comfortable, turning in bed at pleasure, and bears any amount of pressure; pulse 125; extreme thirst; blood buffed and slightly cupped, clot loose and easily broken down. To have effervescent draughts ad libitum, and take five grains of calomel, one of opium, and a quarter of a grain of tartar emetic, every four hours.

8. Nine, a.m. Has been totally free from pain; disregards pressure; frequently dozing; pulse 126, and perspiring profusely; tongue has a thin yellowish white fur; seems narcotised. The pills to be given only every eight hours.

Half past ten, p.m. Mr. Crowfoot called in. She had vomited several times, and could with difficulty retain anything; pulse 130, weak; no pain or tenderness on pressure anywhere. Mr. C. prescribed a

tablespoonful of milk every half hour to allay sickness; support; soothing, and effervescing draughts, which were craved after; omit pills. Prognosis more favorable than in Case II.

9. Ten, a.m. Stomach and bowels irritable; tongue has a broad red line down its middle; feels faint and exhausted; has distressing neuralgic pains shooting through left arm and side of trunk, and over chest; breathing hurried; lochial discharge natural. Gave a one-grain opium pill, and left another to be given in an hour, to quiet the stomach; to have half a teacupful of arrow-root or sago, with a teaspoonful of brandy, every half hour.

Two, p.m. Keeps nothing down. To have diluted hydrocyanic acid and hydrochlorate of morphia, in camphor mixture, every two or three hours.

Nine, p.m. Vomiting frequently, and bowels relaxed; the tongue beefy-looking; and has difficulty in swallowing, from soreness of fauces; thirst intense; pulse 145, and feeble; she is restless, and the countenance has an anxious, collapsed appearance.

10. Ten, a.m. Again visited with Mr. Crowfoot. Gastro-intestinal canal had been quiet during the night; had slept at intervals; but this morning the vomiting returned, with alarming increase of weakness. To repeat the morphia mixture, which had been discontinued during night. Evidently sinking; calm, and intellect unclouded.

Three, p.m. Saw her again with Mr. Crowfoot. In articulo mortis.

Expired at a quarter past seven, p.m. Death took place by way of asthenia.

Dissection the following Morning.

(Present, Mr. Crowfoot: Mr. Davy, of Beccles; and myself.)

We found a pint of serum in the peritoneal sac; peritoneal lining of abdominal muscles generally vascular, especially over the epigastrium and hypochondria, where lymph was effused, also on the serous covering of the liver, producing adhesions, which were easily broken up. Here, it will be recollected, the pain was most severe; and, from the albuminous exudation, of a more sthenic kind. In the pelvis the fluid was sero-purulent, and in the folds of the broad ligament of the uterus two or three ounces of pus were found; ovaries partly coated with lymph; the Fallopian tubes very vascular; and the uterus of a normal size, one side having patches of lymph, but its substance firm and healthy, and interior natural. No inflammation or pus could be traced in the uterine or iliac veins.

Case IV.—Mrs. R., aged thirty-five, delivered of her fifth child on the 7th of August, after a natural labor of four hours' duration.

8, Three, p.m. Very comfortable, and pulse quiet. She informs me she has suffered, as usual in her former pregnancies, from erysipelas of the face and leg for the last fortnight.

9, Five, p.m. On my way to visit my patient I met a messenger coming for me. Learn that up to three, p.m., she remained comfortable, when, while in the act of relieving her bowels from some castor oil taken, she experienced a dreadful shivering fit, and violent abdominal pain. Pulse is 156, small and feeble; face purple, and skin reeking with perspiration; most agonising pain in uterine region, with utmost impatience of pressure; breasts full of milk; lochia natural; bowels well freed. With difficulty raised in bed, and bled until the pulse became very rapid and hardly perceptible; eight ounces drawn. Had immediately ten grains each of calomel and Dover's powder; ordered a pill with five grains of calomel, one of opium, and a quarter of a grain of tartar emetic, every four hours; effervescent draughts, containing nitrate of potash, at pleasure; and applied twenty-four leeches to hypogastrium, to be followed by repeated hot poultices.

10, Half-past eight, a.m. Pain and pyrexia abated, but great want of power; can turn at pleasure; pulse 135; hypogastrium still painful at intervals, and very tender. Ordered a dozen leeches; pills and mixture to be continued. Bowels have acted several times. The blood drawn had a very remarkable appearance; its surface was perfectly green, and the whole mass almost black, and of the consistence of cream, the crassamentum being dissolved, and without the usual separation.

One, p.m. Visited in consultation with Mr. Crowfoot. She is so much relieved that she can turn and lie in any position; pain nearly gone, and pressure borne; respiration natural; pulse 118; skin very moist, and expresses herself comparatively well; the blood drawn by leeches unusually liquid. To continue pills and mixture.

Ten, p.m. Has some intermitting pain; pulse 118, and weak; perspiring very much; bowels frequently acting. To go on with pills, and take chalk mixture after each evacuation.

11, Eight, a.m. Had a disturbed night from harassing diarrhœa, and feels exhausted; has some pain of a griping character. To omit pills and mixture; bowels to be quieted by aromatic confection, and twenty drops of wine of opium, in camphor mixture, every two, three, or four hours; to apply hot oil of turpentine, by means of rag, every four hours; have half a teacupful of arrow-root, beef tea, and wine whey, alternately, every half hour; and rub a drachm of strong mercurial ointment into the thighs, alternately, every four hours, lodging a piece each time in the arm-pits.

Three, p.m. Feels revived by nutriment; bowels quieter; abdomen flat and soft, and only tender in left iliac region.

Ten, p.m. About the same as last reported; gets refreshing sleeps. To have nutriment assiduously administered, and keep up the inunction.

12, Nine, a.m. The symptoms about the same; pulse weak and varying, sometimes for a few hours rising to 135, and then lowering to 118. To persevere during the day with turpentine application; inunction; astringent, soothing mixture, and nutriment.

Eleven, p.m. To continue remedies unremittingly.

13, Ten, a.m. Diarrhœa, with griping, most troublesome during night; pulse 135, and weak; perspiring much; tongue clean and injected; abdomen flat and flabby, and impatient of pressure only in left iliac region; feels much weaker, but lies tranquil, and breathes naturally. To omit mixture and wine whey, and take of each a grain of acetate of lead and opium every three hours, or oftener. Persevere with inunction and nutriment. Applied a blister over seat of tenderness.

Ten, p.m. Bowels stayed by pills; pulse 125;

gums tender, and face swelled and painful. To omit the inunction.

14, Eight, a.m. Passed a more comfortable night, but unimproved; passed the day with an interchange of restlessness and composure; extremely rapid pulse and quieter circulation.

Ten, p.m. Pulse 150; restless, and distressed with more feverish reaction than had been observed for last three days; bowels frequently acting, occasioning a death-like sinking. Had an injection of forty drops of laudanum in two ounces of thin arrow-root, but not retained; repeated in half an hour, but came away. At midnight had again the benefit of Mr. Crowfoot's presence. Pulse down to 125 again, and more tranquil; tongue red and rather glazed; passed while we were with her a motion, scybalous-looking. Mr. C. advised the bowels to be washed out with a pint of arrow-root. Prognosis full of danger.

15. To-day complains of wandering pains all over the body, which she attributes to the mercury. Had an ounce and half of infusion of cinchona every four hours; the nourishment, with half an ounce of port wine, every half hour or hour, and acetate of lead and opium pills; but must soon sink.

16. This morning the wandering pains caused her to scream out and moan most piteously, and she could scarcely bear to be touched. Pulse has risen to 160; tongue aphthous, and a morbid acuteness has arisen, so that she speaks out, asks for porter, &c., and talks rationally about every minute occurrence. As the day advanced, jactitation came on, and the stomach rejected everything. A drachm of wine of opium was given to allay pain; but delirium and extreme restlessness speedily brought about a fatal issue.

She expired the following morning at two o'clock. Death occurred by asthenia.

Dissection the next Morning.

(Present, Mr. Crowfoot and myself.)

The ovaries and Fallopian tubes were found vascular, and the former partly covered with lymph. The uterus enlarged, its substance thin and soft, and its lining membrane exceedingly inflamed, with some patches of albuminous secretion. The liver pale, and its texture friable; and the heart pale, enlarged, its parietes attenuated, and easily torn. No effusion or peritoneal inflammation present; and, after careful search, no phlebitis could be discovered, nor pus in the veins.

Case V.—Mrs. B., aged twenty-seven, was delivered August 14, at half-past three, a.m., of her fifth child, after an easy labor of four hours' duration. Her husband and children are now convalescent from continued fever, and she herself has felt lately indisposed, suffering from headache and feverishness. During the day had a good deal of after-pain.

15, Ten, a.m. Find she had a rigor at four, a.m., succeeded by distressing headache, and some abdominal pain; pulse 135, contracted and compressible; skin hot and perspiring; face covered with large drops of sweat; severe gravitating pain across forehead; countenance depressed and anxious; abdomen very tender over uterus. Had her shoulders raised, and abstracted twelve ounces of blood, which caused syncope; ordered diligent fomentation, and gave a scruple of calomel, followed in two hours by a black draught, to be repeated in two hours more.

Three, p.m. Blood not unhealthy-looking, and clot friable; has passed six feculent motions; headache gone; intermittent pain in hypogastrium, which is prominent and tender; feels much relieved. To have flannels wrung out of boiling water, and sprinkled with oil of turpentine, applied every four hours.

Half-past eleven, p.m. Skin hot and very moist; pulse 130, small and weak; countenance depressed; abdomen uneasy; cheeks flushed; has had some pain in left hip, reaching up to margin of ribs, with catching, difficult breathing. To have six leeches applied over seat of pain, and take three grains of calomel, and eight of jalap, every four hours.

16, Ten, a.m. Passed twelve motions; pulse 136, and feeble; has still pain of side; feels very ill and restless, and complains of having had no sleep since delivery. To have arrow-root and sago, with a teaspoonful of brandy, frequently; to take ten grains of Dover's powder directly, and repeat it in four hours.

Three, p.m. Has had refreshing sleep, and feels much relieved.

Eleven, p.m. Pulse 130, feverish; moist skin. Powders of calomel and jalap to be repeated until four motions have passed.

17, Nine, a.m. Seen by Dr. Lubbock, of Norwich, who very kindly came over at my request. Pulse 140, small and feeble; tongue rather dry, and brown in middle, but edges moist; countenance very depressed; abdomen painless, rather prominent, but bears pressure; side relieved; has passed five motions. Dr. Lubbock prescribed two grains of disulphate of quinine, and half a drachm of compound bark tincture, in camphor mixture, every four hours.

Half-past eleven, a.m. Visited again in consultation with Dr. Lubbock, who calls the disease "pitiless" puerperal fever. Ordered a grain of calomel and half a grain of opium every four hours.

Ten, p.m. Symptoms much as last reported.

18, Eight, a.m. Pulse 150, and free from pain; retains all she takes; bowels unmoved; getting cool; sinking rapidly.

Two, p.m. Mr. Crowfoot was so obliging as to see the case with me; particularly struck at finding her so calm and rational, answering every question promptly, and yet so near death.

She expired at half-past three, p.m. Death occurred by way of asthenia.

Some Facts and Circumstances connected with the Occurrence of the Cases.

Two were attacked on the second day after delivery, and *three* on the third. *Two* lived five days; *two* four days, and *one* eight days.

In detailing these cases, it will be observed that I have generally given two reports in the twenty-four hours, but I saw them nearly every six hours.

Ever since August, 1842, continued fever has prevailed extensively in our town and neighbourhood; and even now it continues in some localities. To form an accurate estimate of its prevalence, I may state, that the population of Bungay is 4000, and I think I shall not be extravagant in putting down the number of fever cases at 250. Its type has been generally mild, the cases extremely protracted, and, happily, the rate of mortality low, not averaging more than one in fifteen.

On the 28th of July, the patient, Case I., was de-

livered, and the following day I attended another midwifery case, which did well. On the 3rd of August Case I. died, and on the 5th I delivered Cases II. and III., within little more than an hour of each other. On the 7th I attended Case IV., and Cases II. and III. were seized while I was with her; indeed, one of them sent for me while I was detained in the house. Case V. I attended most reluctantly on the 14th inst., and not until I had put on my winter clothing, and washed my hands in a strong solution of chlorinated lime. It ought also to be observed, what I have before noted down, that Case V. was ill, at the time of delivery, with symptoms indicating the approach of fever, which had been in her house for three months; so that it does not follow, necessarily, that I communicated the disease to her, as she was in a condition, to say the least, much predisposed to be affected by any epidemic tendency to puerperal fever; perhaps she even contracted the disease before delivery.

As bearing upon the vexata quæstio of *contagion*, I must remark, I delivered only one other patient after Case I., and that was on the following day, before Case I. was attacked, and she did well, simply, as I apprehend, because I could not be the medium of communicating contagious effluvia I had not received. And what further countenances the very painful impression of *my* having transmitted the deadly poison is, that the women attacked were residing in detached, and in two cases remote, situations, where I could trace no connection whatever with a puerperal fever case beyond myself; and, up to this period, the disease had been unknown for many years in the town and neighbouring district, except a solitary case here and there, which attracted but little attention.

While the patients were under treatment, I kept accurate notes of the cases, which I submitted for Mr. Crowfoot's approval or correction, and he returned them with the following obliging communication. For the remarks I have annexed I hold myself solely responsible.

" Beccles, Sept. 25, 1843.

" My dear Sir,—I have read over the statement of the cases of puerperal fever, which I had the opportunity of seeing with you, and have much pleasure in bearing my testimony to its correctness, as well as to the kind and unwearied attention your patients experienced from you.

" I quite agree in opinion with you that this most fatal puerperal disease is a malignant fever, sui generis, and that it is highly contagious; but whether the inflammation, which is generally present in some tissue or another, be a cause or an effect, I cannot say; it, however, commonly forms so important a feature in the disease as to require especial regard in the treatment; and if it cannot be obviated or subdued during the first twenty-four hours after the commencement of the attack, the fate of the patient is, for the most part, sealed, and the after treatment is comparatively of little importance. I believe that, in the very beginning of the disease, one bleeding from the arm to syncope, in the *recumbent* position, followed by free leeching of the anus or vulva, and an active calomel purge, together with turpentine stupes to the abdomen, will give the best chance of recovery to the patient; the after treatment to be regulated according to circumstances. I am persuaded, however, by sad experience, that malignant puerperal fever will be frightfully fatal under any treatment; and that those writers who have flattered themselves with the belief that they had discovered the certain means of controlling it, have either been so fortunate as not to have met with this particular form of the disease, or have been called to treat it when on the wane.

" Believe me to remain, my dear Sir,

" Yours very faithfully,

" W. Henchman Crowfoot.

" To N. B. Fisher, Esq."

REMARKS.

My *chief* object in recording a careful and minute detail of these melancholy cases, has been to state faithfully what I have been called upon to witness of the ravages of a disease, the nature of which has hitherto baffled men of the most distinguished talents, and defied the most skilful administration of remedies; and I hope they will not be unworthy of the attention of my professional brethren. As regards the nature and extent of my remarks, I can only say, that I have been tempted to write something about which I have thought and felt much, however uninteresting or imperfectly expressed. I have thought independently, but differed with humility.

The *nature* of puerperal fever has given rise to the most contradictory and perplexing opinions, by writers of equal ability, experience, and veracity; and the only fair deduction is, that each has recorded honestly and treated skilfully what he has seen, but that they witnessed different diseases: those that were successful, treated simply puerperal peritonitis, or puerperal fever of a sthenic type or constitution; and those that lost their patients, had to combat a malignant or contagious principle in active operation, which, by its "shock" to the nervous system, and consequent vitiation of the blood, proved speedily destructive. Dr. Blundell says, "I have known men boast of always curing puerperal fever; and yet, when it has really occurred, they have lost five or six cases in succession."—*Lectures on Midwifery*, p. 177.

And now let us consider the peculiar condition of a female who becomes the subject of the disease. The uterus after delivery is in a state which has been very aptly and forcibly compared to a stump after amputation—one of heightened sensibility; and the system is, as it were, upon the alert to sympathise deeply with any injurious impression made on its most vulnerable part. Again, if we review the diseases attending the puerperal state, is it not remarkable that we have uniformly *morbid sensibility*,* shown by shivering, or chills, and rapid pulse, evidencing how seriously the nervous system suffers? Indeed, so convinced am I of the fact, that I have long been accustomed, upon visiting a lying-in patient, after addressing her, first to feel the pulse, which never fails to indicate the least derangement in the uterine system. I do not, by these observations, intend it to be understood that I am a neuro-pathologist, but only to give to the nerves that share in morbid phenomena they certainly deserve; and I think the remarks will be found to bear upon the disease in question.

After perusing carefully some of the best writers

* I use the phrase "morbid sensibility," instead of the less definite word "irritation."

on puerperal fever, the reader cannot but be struck with the evident leaning there is to regard the disease as essentally one of the "plegmasiæ," the pyrexia, being symptomatic of local inflammation. And Dr. Robert Lee ("Cyclopædia of Practical Medicine," article, Puerperal Fever), amongst the most recent, elaborate, and trustworthy authorities on the subject, adduces numerous dissections, carefully made by himself, where he invariably found inflammation affecting either the peritoneum, uterus, or uterine veins. Hence, Dr. Gooch and others have gone so far as to term the disease "peritoneal fever," "puerperal peritonitis," "inflammation of the uterus and its appendages in puerperal women;" names calculated to mislead, and originate erroneous practice, if founded upon incorrect pathological views. And this bias is not to be wondered at, when we remember that the inflammation, so frequently present, is almost the only point the practitioner can attack.

Now, it is remarkable how variable the seat of inflammation is found to be—sometimes in the lining membrane of the uterus, its muscular substance, appendages, and veins, but more commonly in the peritoneum; and even should these parts be exempt from inflammation, and only a pleurisy exist, no variation will be seen in the general symptoms. Is there not here, to say the least, a vagueness, and strange deviation from the ordinary conception we have of pleuritis and peritonitis, with the accompanying pyrexia? Suppose I were to say a patient had died of pleurisy, and upon dissection the chest were found to be sound, but, on further examination, extensive peritoneal inflammation were discovered; or, more appositely, were I to assert that a patient had died of puerperal peritonitis, and inflammation of the lining membrane of the uterus were afterwards ascertained to exist, the peritoneum being free from disease, would it not sound most contradictory and absurd? But the objection admits of being put still more strikingly. Dr. Gooch examined the bodies of some, who died of what he strangely designated "peritoneal fever," and could discover *no* morbid appearances ("On Peritoneal Fevers"), which Dr. R. Lee thinks arose for want of a more minute examination. But still later, even subsequent to Dr. R. Lee's publication, Dr. Locock states:—"After Dr. Lee's researches into these subjects were known, several cases, similar to those related by Gooch, occurring in our own practice, and that of others, convinced us that in these something might be found: but the most careful search was made for morbid alterations of structure in the veins, the absorbents, muscular structure, and the lining membrane of the uterus and the adjacent parts, and nothing could be found to explain the cause of death."—*Lib. of Med.*, Vol. I., p. 350-351. That Dr. Locock's testimony deserves confidence, every one must feel who has read his extremely judicious articles in the "Cyclopædia and Library of Practical Medicine." His only fault is that of having written so little.

In one of my dissections (Case IV.) the mucous coat of the uterus was the only part inflamed, attended with vascularity of the ovaries and Fallopian tubes, although the uterine veins and other structures were carefully inspected. The softening of the liver and heart in this case, as well as the uterus, could only, I apprehend, have a constitutional origin. And in others recorded, the morbid appearances have been confined to an ovary or Fallopian tube—effects not sufficient to account for death—and yet the symptoms were precisely those of puerperal fever.—*Dr. Conquest's Essays, Blundell's Lectures. &c.*

Dr. Collins also gives the morbid appearances in thirty-seven of the fifty-six woman, who died in the Dublin Lying-in Hospital, where a few ounces of glutinous-feeling serum in the abdominal cavity; vascularity of the peritoneum, but which in some was healthy; a little pus in the serum, or deposited in the uterine ligaments, in some, and a softening of the ovaries and uterus in others, constituted all the visible effects of disease. In most cases the uterus was sound; and in several a little serum in the peritoneal sac, and some vascularity of the serous membrane, was all that could be seen to account for death. In some he found effusion into the chest. I will give the appearances in case marked No. 95—certainly the most favorable to my view—in his own words:—"On dissection, not more than two or three ounces of bloody serum were found in the abdominal cavity, without lymph; the serous membrane exhibited little, if any, vascularity; chest healthy; no other morbid appearances."—*Treatise on Prac. Mid.*, p. 449.

These observations, I think, at least countenance a construction of the disease directly opposite to the more generally received one, of making it a pure inflammation; that of classing it amongst the "*febres*," and regarding the local inflammation only as an effect of the *febrile disease*. And if we compare the phenomena of puerperal fever with those of ordinary typhus, they will be found to have some striking features in common. First, we have the nervous system affected, shown by the chill, or shivering fit; then the succeeding reaction, indicated by a hot, dry, or moist skin, and quick pulse, from a seeming effort of nature to throw off some noxious or poisonous agent; and during this tumultuous excitement, the spoiling of some part by inflammation which may be more congested than the rest from the loss of nervous influence. Then the varying seat of the local lesion; the vitiation of the blood; the character of both; and, lastly, should the attack issue in death, that will generally be found to result, either from exhaustion, or the mischief done to some vital part by inflammation. The two causes combined may also produce the result. And here may not the two diseases be fairly said to have had an origin, progress, and termination in common?

And if we examine some of the phenomena of the two diseases more closely, we shall not, I think, find the difference observable at all to weaken our position of analogy, but to arise out of the dissimilar states of the two constitutions at the time of seizure. The one—that is, the puerperal constitution—characterised by morbid sensibility, and a condition of the womb rife for diseased action; the other a comparatively quiescent state.

The different course of puerperal fever will be found to consist, mainly, in the pulse, seat of inflammation, and short duration of attack. And may not the characteristic rapidity of pulse be caused by the morbid sensibility peculiar to a puerperal patient; the dif-

ferent seat of inflammation, by the uterus being at that time the most vulnerable part of the body, and the peritoneum so immediately contiguous; and the quick termination of the attack result from the shock to the nervous system and the wear and tear of such tremendous arterial action, which probably also accounts for the speedy development of inflammation, with its morbid products, serum, lymph, pus, and even gangrene. Or the poison might be too strong for a system so circumstanced to bear up under long.

The varying seat of inflammatory action, and its occasional absence, in puerperal fever, will be found to correspond with what we see in continued fever. Some instances of typhus fever are met with where, on dissection, no marks of inflammation can be detected. But I will again avail myself of Dr. Locock's evidence, far more valuable than my own. He remarks—"From our own researches into the writings of others, and from personal experience, both in private practice, and as attached for nearly eighteen years to a very large lying-in hospital, we are inclined to doubt the propriety of considering puerperal fever as merely symptomatic of *local inflammation*. But, if this were admitted, we have records of so great a variety in the seat of the inflammatory action, as proved upon dissection, that it will be found impossible to select any one part as peculiarly affected. We find in other fevers a liability to particular local lesions, equally varying; the brain, the chest, the mucous membrane of the stomach and bowels, have been, in different epidemics, the seats of the disorganising process; but it has been too much the fashion to put down all the morbid appearances as exclusively the cause, and not the result, of the constitution affection."—*Op. Cit.*, p. 349.

The unhealthy appearances of the blood in puerperal fever and typhus are remarkably uniform, and have been noticed by almost all writers; indeed, its dark color, a coagulum loose and easily broken down, with slow and imperfect separation of serum, are mentioned by some as contra-indicating further depletion. In one of my cases this was very striking, and there the clot was *dissolved*, with a green hue upon its surface, no separation of the serum, and the whole mass was of the consistence of cream, as seen twelve hours after being drawn. And what is further remarkable, as may be seen by reference to the case (Case IV.), this woman, up to the very moment of seizure, felt perfectly well, and the blood was taken only two hours after, which really favors the idea of the change in the blood having been going on silently prior to the attack.

That continued fever is contagious, no unprejudiced observer now doubts; and a careful perusal of the five cases of puerperal fever I have recorded, with their attendant circumstances, confirmed as they are by numerous instances published, even more striking, can surely leave no doubt on the mind as to classing it with the generally acknowledged contagious diseases. That it is not always so, is only what we find to be the case in small-pox, scarlet fever, &c., where there is the same want of uniformity. But I shall revert to this part of the subject again.

In filling up the analogy, I may likewise mention that puerperal, as well as continued fever, is either sporadic or epidemic. The two are also sometimes prevalent at the same time, and both will have petechiæ. Some fatal cases of puerperal fever occurred in the Westminster Lying-in Hospital during the spring of 1838, where petechial eruptions appeared precisely similar to the *spotted* fever, then so prevalent in the London hospitals.—Locock, *Op. Cit.*, p. 349.

Another remarkable circumstance is, that not only are the two diseases epidemic at the same period, but the contagion of typhus has *seemed* to generate puerperal fever. Dr. Collins states the following interesting facts (*Op. Cit.*, p. 381):—"This disease"—that is, puerperal fever—"has become epidemic in our hospital upon several occasions when typhus fever prevailed in the city, and at other periods when erysipelas was frequently met with. When Dr. Labatt was master of the hospital, puerperal fever commenced its attack on one occasion in the following striking manner:—A patient was admitted at a late hour at night into one of the wards, laboring under a bad form of typhus fever, with petechial spots over her body; when observed next morning, she was removed into a separate apartment, where she died shortly after. The two females who occupied the beds adjoining hers, while she remained in the large ward, were attacked with puerperal fever, and died. In October, 1827, when I was resident as master, an occurrence precisely similar took place. A patient in typhus fever was admitted at night into one of the labor wards, where she remained for some hours; the ward contained four beds; the three women occupying the other beds were attacked with puerperal fever, of which *two* died." Again, "It has been known likewise to appear with great violence, at precisely the *same period*, in situations very remote; for example, in the year 1819, it was epidemic in Vienna, Dublin, and Glasgow; in the two first-named to a frightful extent. In 1829, in Paris, it was extremely fatal, while at the same time, in London and Dublin, it was prevalent to a considerable degree."

The last feature of resemblance I will mention is that of the softening of the solids in both fevers. In one of my dissections (Case IV.) the uterus and liver were found to be easily broken down, and the walls of the heart were attenuated and softened; indeed, these organs appeared almost *rotten*.

The occurrence of uterine phlebitis, and consequent presence of pus in the veins, in some cases of puerperal fever, has been held by Dr. R. Lee to explain the nature of the disease in its most fatal forms. But Mr. Gulliver could discover pus in the veins of only one patient dying of puerperal fever; he likewise found it in confluent small-pox, erysipelas, swelled leg from ulcer, tubercular phthisis, &c.—*Trans. Roy. Soc.* In my two dissections, although search was made, no phlebitis could be discovered. And if pus were found in the veins in no other disease but puerperal fever, the same objection would lie against it for want of uniformity—its absence in some cases—as applies to the intestinal essence of continued fever, and the peritoneal essence of puerperal fever.

I cannot, therefore, believe that the inflammatory appearances observed in *genuine* puerperal fever are sufficient to account for its frightful fatality, seeing that, in some dissections, no morbid effects have been detected; in others, only an ovary or Fallopian tube

has been found inflamed. And it does seem to me to be as reasonable to adopt the exploded theory of continued fever being inflammation and ulceration of the mucous glands of the ilium, as to make puerperal fever peritonitis, or hysteritis, or any other *itis*. It was said by some more judicious observers, when the Broussaian notion of fever was in fashion, if we can find only one well-marked instance of fever to occur without any trace of a morbid action having been going on in the mucous follicles, that instance would, of course, suffice to overturn the theory. And does not this test well apply to the reputed local habitation of puerperal fever?—and is not the theory as completely overturned by it, when we have the clearest evidence of puerperal fever ending fatally without a vestige of structural disease being discovered by dissection? And if the specific poison manifests its elective affinities by settling on the uterus or its serous membrane in a large proportion of the puerperal fever cases, have we not the same election in the prevailing lesion of the intestinal mucous follicles in typhus. Again, admitting that extensive disorganisation is frequently found in the abdomen in puerperal fever, I question if the cerebral, thoracic, and abdominal complications of continued fever, will not yield as great an aggregate of structural disease of a similar kind, differing only in its seat.

To recapitulate briefly, so far as I have been enabled to understand the disease, from carefully watching five cases, and some patient thought, I am led to regard puerperal fever to be, in its essence, a "primary fever," produced by some morbid poison, which, by its "shock" to the nervous system, causes the blood to become vitiated; to be frequently attended with inflammation, regulated in its seat by the elective affinities of the poison for particular nerves, those of the uterus and its adjacent parts suffering, because the most obnoxious; to be uncontrollable and frightfully mortal, because at present we have no means of eliminating or neutralising the poisonous influence, or removing its effects; and to be communicable from one person to another.

The *predisposing causes* of the disease are as obscure as its nature. Those usually assigned were none of them present, so far as I could judge, in my cases, for all the labors were easy and natural, and the placentæ were thrown off by the unaided contractions of the uterus. And it has been observed, that the disease as frequently occurs after easy as difficult parturition. I have often been astonished to see the undisturbed and speedy recoveries after protracted and instrumental labors; indeed, experience has encouraged me to allay my patient's fears with the prospect of well-doing under such circumstances. Noxious exhalations are likewise mentioned. And here I am tempted to quote another fact, showing the common origin of typhus and puerperal fever:—"In the spring of 1838, when puerperal fever was remarkably prevalent, and more fatal than was ever before known, in the lying-in hospital, it was discovered that there was an open sewer, 200 yards in length, immediately at the side of the building, which had become exceedingly foul and offensive. The hospital was closed for several weeks, but the first cases re-admitted were attacked with fever, and there was no remedy but again to close the hospital, and take measures to cleanse and enclose the sewer. The suddenness and fatality of the fever was precisely like that form of typhus fever which often arises from exposure to similar miasmata, the effect of which on the nervous system is well known. The hospital was re-opened in the first week of November. From that time to the 1st of August, 1839, 142 cases were admitted; seven or eight cases of decided puerperal fever have occurred, and a few of abdominal pain and tenderness. All the cases recovered."—Locock, *Op. Cit.*, p. 358. And I may mention, *simply as a fact*, that my first patient resided in a part of the town where fever had been most rife, and I could describe some nuisances on the spot highly injurious to health. Contagion is, I have no doubt, an *exciting* cause.

The *symptoms* of the disease are unsatisfactory. Three of my patients had a shivering fit at the onset; one had a chill, and in another the chill was felt eight hours after the attack. Three were seized with agonising abdominal pain; in one it reached across the epigastrium, hypochondria, and over the chest; in another it affected chiefly the left iliac region, and in a third was limited to the uterine region, afterwards affecting the left iliac, but with more tenderness than pain. In one the pain was shared between the head and hypogastrium, but in neither part was it severe. In all the pain almost ceased after the first eight hours, and in one it quitted instantly after the bleeding, and neither pain nor tenderness was afterwards experienced—the firmest pressure could be borne—and yet, on dissection (as may be seen by reference to Case III.), we found general peritonitis, with lymph and adhesions, and serum and pus in the peritoneal sac. In Case I. no abdominal symptoms were ever discovered beyond a fulness, and the only source of suffering was a transient pleurisy on the third day after the attack. In two the abdomen was flat to the last; three had some distention. The comparative freedom from symptoms of inflammation, after the first eight hours, was a remarkable feature in the malady, and has been observed by others. All but one had rapid pulse, reeking perspirations, and hurried breathing; and that patient had the same pulse and skin, but respiration was tranquil.

The freedom from pain and suffering, and the hopeful expressions of the patients, as the disease advanced, were particularly striking, and might have deceived even the medical attendant, but for the pulse remaining all the while fearfully rapid. I found the nurses and friends continually making a wrong report; and in one, under the false hope, the patient was even taken out of bed, and on my arrival I was greeted with the account that she had "got the turn;" the pulse, however, foretold of approaching dissolution.*

* I have not filled up my description with the more inconstant, yet collectively important—symptoms, such as a pale, ghastly countenance, great prostration of strength, &c.—all of which vary according to the particular type of the fever—because I am not writing a regular treatise on the disease. Nor have I, for the same reason, mentioned the diagnostic symptoms of simple puerperal peritonitis—such as abdominal pain and tenderness, a hot dry skin, hard pulse, and inability to move at ease out of the recumbent posture with the legs drawn up—where the lancet is the anchor of hope. But I would caution the practitioner against confounding with puerperal fever, or even with sthenic peritoneal inflammation, an assemblage of

The only two *uniform* symptoms were rapid pulse and profuse perspirations. My impression is, that the *pulse* is the only symptom, in any stage of the disease, to be depended on. And if I were called to a patient during the first week after delivery, having a weak pulse, ranging between 120 and 160, even without abdominal symptoms, and there were no assignable cause elsewhere, if the pulse did not become reduced very much in frequency after free purgation, or the lapse of twelve hours, I should suspect I had a case of puerperal fever. But if the attack were ushered in with severe abdominal suffering, and the pulse did not go down materially upon subsidence of pain, I should feel no hesitation as to the nature of the disease. And if a vein had been opened early, with the patient in a sitting posture, and the extraction of a few ounces of blood produced syncope, the blood exhibiting feeble powers of coagulation, the opinion would be further confirmed. Hence the value of Dr. Gooch's sagacious remark, that the effects of remedies afford the best guide as to the nature of the malady. If, also, at the commencement, the pain had been excruciating, after some alleviation the patient would not, as in ordinary puerperal peritonitis, continue to lie on her back, but would recline on her sides and turn in bed at pleasure; if the pain had been less severe, this unrestrained posture or restlessness would have been observed from the beginning, for the pain seems of a mixed character, partly inflammatory and partly nervous. And I would venture to recommend every practitioner, when required to visit a puerperal female in whom the disease is suspected, most attentively to watch the pulse, position in bed, and effects of remedies, as affording the *clearest* diagnostic marks. Some authors speak of what are usually denominated typhoid symptoms being present, but in my cases it was the tongue of exhaustion, clean, red, and aphthous, and nothing like stupor was seen; in only one was the tongue brown and dry. The frequent absence of the typhoid state in the disease may arise from the patient's dying too soon for its development—in the first week of continued fever. In most cases tympanitis, or effusion, comes on at last; I only saw the latter, and that in but one case. "There are often cases of a more protracted nature which attain a certain approach to convalescence, but linger on for many days, and eventually sink. There are others where the whole disease appears to be chronic or subacute, and such cases are often met with, where there are no other suspicious symptoms than a look of anxiety, great sense of exhaustion, and a rapid pulse. These cases are insidiously dangerous; and it is a safe rule always to be on the watch when the pulse keeps up above 100 for any number of days after parturition."—Locock, *Op. Cit.*, p. 360.

If the nature of the disease is perplexing, and the symptoms are unsatisfactory, the subject of *treatment* is deplorable. And here there is no difference of opinion among those who have *really* seen the disease; all are agreed in its frightful fatality under every kind of treatment. Dr. W. Hunter stated in his lectures, long ago, "Treat the disease as you will, three out of four will die." And during the last puerperal epidemic fever in Edinburgh, "the disease spared neither high nor low, rich nor poor; those delivered in the hospitals, in the city, nor in the environs; neither the gay and dissipated, nor the most retired and domestic."—*Edin. Med. and Surg. Journ.*, July, 1824.

All my patients died. And but for the very able and kind adviser I had in Mr. Crowfoot, who saw all the cases, and the sanction of Dr. Lubbock, who very kindly came over at my request to visit the last patient, together with the sad experience of other men, I should have felt the sorrow of being singularly unsuccessful. But humanity urges us almost "to hope against hope," and to lay under contribution the resources of our art in all cases, with an energy and perseverance proportioned to so formidable a disease, trusting that our patient may be the occasional sufferer who escapes amidst such fearful havoc.

All my patients, but one, were bled to approaching syncope within six hours after the attack; and I was particularly struck with the fact, that, after the abstraction of only a very few ounces of blood, and the fainter the patient became, the more fearfully the pulse rose—scarcely to be felt or counted—showing an intolerance of blood-letting. The largest quantity of blood required to be drawn was twelve ounces, and the smallest eight ounces. Two of those bled had also, one thirty-six, and the other twenty-four, leeches applied to the abdomen; and both were blistered. One was only bled; another was bled, and had six leeches over the margin of the ribs. All but one had fomentations diligently used; and two had also hot oil of turpentine, applied by soaking rag, every four hours. Three had a large dose of calomel and opium immediately after bleeding, before I left the house; and this was followed up in these patients, after free purging, with five grains of calomel, one of opium, and a quarter of a grain of tartar emetic, every four hours. One was salivated by assiduous inunction. In one case I bled very early, fomented, and tried free purgation, interposing opiates. My first patient, having no early inflammatory symptoms, was not bled, but had leeches and blisters for the pleurisy which afterwards came on. But I will not follow up the detail of treatment, as my belief is, that the destiny of the patient, so far as active remedies are concerned, is mainly settled in the first twenty-four hours.

The traces of analogy I have pointed out between typhus and puerperal fevers, are not, I think, weakened by a consideration of the treatment of the latter; for, in my estimation, the rational object of treatment in *both* are, to mitigate the urgency of symptoms that cannot be wholly subdued; to redress, as far as art may redress, those dangerous complications which are incidental, but not essential, to the disease; and to aid the conservative efforts of nature, when those manifestly languish and fail.

I should as soon expect to "cut short" typhus with the lancet, as to cure puerperal fever by bleeding. If continued fever be a poison, as I believe, the influence of which at length ceases or passes off spontaneously, in the same manner as the influence of a

symptoms allied to hysteria, and designated by Gooch "false peritonitis;" or with that more common affection, "intestina irritation;" which might lead to more disastrous results in practice. And I fear these affections, simulating genuine puerperal fever, are too often put down for that formidable disease, giving rise to mistaken views and erroneous reports.

dose of opium will pass away;* and if the great object of art be to preserve the integrity of organs, while nature cures the disease; so, in malignant child-bed fever, if the diseases be analagous, the same observations will apply. Unhappily, however, in puerperal fever, from the delicate and susceptible condition of the child-bed patient, and the tremendous shock the nervous system receives from some cause or other—I believe a poisonous agent—life is extinguished before nature has had time to right herself, or throw off the deleterious influence; therefore the difference in the treatment must mainly consist in observing *a promptness and vigilance corresponding to the astounding rapidity of the course the disease runs.*

Admitting that the analogy I have attempted is loose and fanciful, let me ask why puerperal fever, if in its essence inflammation, proves so destructive to life; and why the solids are found softened or rotten, and the blood vitiated and liquefied; seeing that inflammation will seize the same parts, even in a child-bed woman, and be attended with no such effects, scarcely endangering the patient's safety? I have had cases of puerperal as well as ordinary peritonitis. I have expected to cure by copious depletion, aperients, and calomel and opium, and have not been disappointed. "Were full and free depletion the proper and indispensable remedy in this disease, and were no mistake committed by its advocates, in looking on hysteritis or peritonitis as puerperal fever, the lancet ought to be more uniformly beneficial. It ought not, indeed, to be more useful than in simple peritonitis or enteritis, but, if early and vigorously employed, it should not be much less so. Is this the case? Many cases of hysteritis and simple peritonitis I have seen alone and in consultation, and of the benefit of the lancet in these never entertained a doubt; but there is a malignancy in puerperal fever which seems as yet, in most cases, to baffle every remedy."—Burns' *Midwifery*, 6th edit., p. 565. It may be objected that, after being at some pains to justify my classing this malady among the "fevers," I have myself advised for its cure bleeding and mercury, *the* remedies for inflammation. To which I answer, that, generally speaking, with our present imperfect knowledge, the practitioner who watches the most carefully for the earliest indications of inflammation in any organ, and who subdues it at the least expense of strength, will treat typhus fever the most successfully.

The more I contemplate the disease, the deeper is my conviction that the organic nervous system is primarily and most materially involved; and that its lesion affords the most satisfactory explanation of the peculiarities in the nature of the disease, and the want of success in its treatment.

If it were my painful duty again to be called upon to treat so formidable a disease, with my present views, I should carry out the same principles that guided me before, only depleting with a more sparing hand. I should be inclined to dispense with general bleeding, even where inflammation was the most distinctly expressed, and rely upon free leeching; and if pain or much uneasiness continued, apply hot oil of turpentine, by means of rag or lint, every four hours. Use no mercurial preparation internally, except ten grains of calomel, with the same quantity of Dover's powder, at the commencement, followed by a black dose or two, to obtain free purgation; but rub strong mercurial ointment into the thighs and legs most diligently, lodging a piece each time in the arm-pits, every second, third, or fourth hour, until the system were, if possible, brought under its influence: if borne, I would rub it into the abdomen also. Give muriate of morphia throughout the disease, in doses large enough to soothe and calm the patient under such exhausting morbid sensibility; and from the evident tendency to death, in most cases, by asthenia, conjoin sulphate of quinine with the morpia from the first, because I think Dr. Billing is right, when he states that tonics are not stimulants. Administer nutriment every half honr, in small quantities, if borne by the stomach;—and, on the earliest indications of collapse, give wine and brandy, with nourishment, liberally. The patients I saw had all intense thirst, and greedily swallowed effervescent draughts, until diarrhœa forbade them. The whole primæ viæ became irritable as the disease progressed; and I thought the grey powder, as well as calomel, though guarded with opium, increased the wasting diarrhœa, which is the reason for my not giving it by the mouth. I may just mention, that the harassing looseness of bowels was best commanded by a grain each of acetate of lead and opium every three or four hours.

To the question of contagion I must again revert, because it is full of fearful interest to both patient and practitioner. The great majority of writers believe in contagion. Dr. Blundell says, "I would rather a friend or relation of mine was delivered in a stable, without any assistance, than she should be attended by a practitioner who had just attended a puerperal fever patient."—*Op. Cit.* p. 178. Dr. Gordon states, "I had abundant proofs that every person who had been with a patient in the puerperal fever, became charged with an atmosphere of infection, which was communicated to every pregnant woman who happened to come within its sphere."—*A Treatise on the Epidemic Puerperal Fevers*, p. 64. I have every reason to believe that I, unhappily, carried the deadly poison from my first patient to three others, which sadly aggravates the sorrow of losing them. When the first case proved fatal, neither Mr. Crowfoot nor myself thought of contagious puerperal fever. The second and third were delivered the day after her death, and I had no notice of their seizure until I was in attendance on the fourth. In the fifth and last case I thought I took necessary precautions before delivery; and, as the fourth patient was then living, I did not see her again until she was taken. The infrequent occurrence of the disease, and its not being invariably communicated, have caused the subject to attract but little attention. Again, some men of high authority still doubt its contagiousness. But if I were in attendance on a patient in whom I only suspected the disease, I should not feel justified in delivering another without a change of apparel, and rinsing my hands with a solution of chlorinated lime.

* "All this passes off, we know in a definite time, as we know the dough ceases to rise when all the particles inflamed by the leaven have gone through their process of decomposition. So ends small-pox, measles, scarlatina, typhus, plague, synocha petechialis, &c.—Billing, "Op. Cit." p. 57, 1838. A revival of the humoral pathology of our forefathers, for ages ridiculed, but lately made popular by the great Liebig with the light of his profound chemical researches.

If the patient died, I should be still more on my guard. And I would urge the same humane precautions on every practitioner. I felt it to be my duty to discontinue midwifery for a fortnight, which my medical brethren in the town kindly took charge of.

OBSERVATIONS ON SPERMATORRHŒA; OR THE INVOLUNTARY DISCHARGE OF THE SEMINAL FLUID.

By W. H. Ranking, M.D., Cantab,
Physician to the Suffolk General Hospital.

(For the Provincial Medical Journal.)

(Continued from page 29.)

Diagnosis.—There is no difficulty in general in recognising the existence of spermatorrhœa, the presence of continual nocturnal emissions leaving no room for misapprehension. But in the more aggravated forms of the disease there arises a complication of symptoms, which, taken in connection with the disappearance of the nocturnal losses, gives rise to frequent mistakes. These cases, in which the seminal fluid drains away in the evacuations of the bladder and rectum, are usually confounded with chronic affections of the brain and alimentary canal, to which they bear so close a resemblance, as to require considerable tact for their discrimination, especially when, as is often the case, the patient obstinately refuses to make his medical attendant the confidante of his habits of life. Had we any positive signs by which we could recognise the presence of the seminal fluid in the urine, the diagnosis would be perfectly simple; but, unfortunately, such is not the case. There is so commonly an admixture of the morbid secretions from the bladder and prostate, together with amorphous urinary sediments, that neither the microscope or any other agent is sufficient to determine its existence. According to Lallemand, the presence of semen is to be suspected whenever the urine is voided thick and fœtid, and exhibits a cloud resembling thin gruel suspended in it. The seminal fluid, it is to be remembered, generally passes away towards the completion of the act of micturition. Where the fluid is discharged during defecation, there is no difficulty in its detection, as by the assistance of the patient it may be submitted to ocular demonstration.

But, setting aside this desirable but at present unattainable proof of the existence of semen in the urine, let us inquire whether there are any general grounds for distinction between the cerebral symptoms produced by spermatorrhœa and those which depend upon idiopathic disease of the brain. The following considerations will enable us to arrive at something like a satisfactory conclusion upon the subject. In the case of spermatorrhœa, the cerebral phenomena are not the first in the chain of symptoms, but are preceded for a considerable time by notable derangement of other functions of the body; the digestion will be found to have been previously impaired, and the sexual vigor usually fails in a degree disproportionate to the general debility. In idiopathic cerebral disease, on the contrary, the symptoms of disordered circulation in the brain—as giddiness, tinnitus aurium, dimness of sight, &c.—take precedence of the disturbance in other organs; the appetite and digestion are not necessarily impaired, neither is the sexual vigor observed to decline until an advanced stage of the disease. There is not, moreover, the extreme emaciation and feebleness of spermatorrhœa, but the general powers of the body fail only in proportion to the increase of the cerebral disorder. In doubtful cases I consider that the condition of the urinary and genital functions is our best guide in diagnosis. Wherever we have frequent micturition of turbid urine (calculous cases excepted), combined with the gradual extinction of the procreative powers, whatever be the accompanying symptoms, we shall do right to direct our inquiries to the condition of the seminal apparatus.

Having decided upon the existence of seminal losses, the next question is, to determine whether it depends upon chronic inflammation or upon simple atony of the parts. This question can only be decided mainly by the history and general appearance of the patient, as the more prominent symptoms are identical in the two cases. It is, nevertheless, of considerable importance as regards treatment, for a misapprehension of the pathology will lead to considerable waste both of time and credit. The following are the reasons which should lead to the supposition of simple debility of the seminal vessels.

These are signs of general congenital feebleness, as small osseous and muscular development, with late puberty, thin whitish hair, slight appearance or total deficiency of beard, and high treble tone of voice. In addition to these signs of sexual feebleness may be mentioned a general roundness of contour, with wide hips and full thighs. In the genital organs themselves may be observed smallness and flaccidity of the penis, which appears to be drawn close up to the pubes, an elongated prepuce, and small pendulous testicles. I have, while engaged upon this paper, seen a severe case of seminal emissions, depending upon debility, in which one testicle only has descended into the scrotum. Congenital hernia and varicocele are also to be considered as evidences of a debilitated sexual apparatus, as is likewise the presence of incontinence of urine in childhood. If, on the contrary, the patient is of a well-developed frame, with genital organs of normal dimensions, if he has at one time enjoyed average sexual power, we shall be authorised in regarding the complaint as one of chronic inflammation, whatever be the degree of accompanying emaciation and feebleness.

Treatment.—In noticing the treatment of seminal emissions we dismiss entirely those which occur but seldom, and in robust continent individuals, since, as has been before stated, such discharges are not to be considered morbid. The following remarks are to be viewed as referable to diurnal and nocturnal pollutions of frequent recurrence.

Our first object must be to inform ourselves of the exciting cause, and at once to remove it. If the emissions coexist with ascarides in the rectum, our treatment must be directed to their expulsion, upon which, in some cases, the patient will be restored to health without the intervention of other means. The ordinary remedies for these worms are sufficient—such as calomel, purges, salt and water injections, and mercurial inunction of the anus. When the complaint depends upon disease of the rectum inducing constipation, as stricture, fissure, or hæmor-

rhoids, the appropriate surgical treatment is to be employed. Sebaceous secretion behind the prepuce is, as I have before said, an occasional exciting cause. This is to be met by cleanliness and the use of astringent washes. If, as is sometimes the case, this morbid secretion is retained by an elongated and narrow prepuce, circumcision is the obvious remedy. In some cases the mere removal of these exciting causes will be sufficient to effect a cure, but in the majority a morbid condition of the spermatic ducts has been established, which must be combatted by means hereafter to be described.

The treatment of that form of the disease which coexists with general debility is to be attempted by such means as are likely to improve the tone of the system. In these cases the treatment which is too often followed indiscriminately—viz., cold bathing and cold douches upon the parts—will in general be of great utility. The douche should be used at least three times a-day, and continued each time until an unpleasant sensation of cold is produced. In conjunction with these means, tonics, especially the mineral forms, should be exhibited. The tinctura ferri sesquichloridi is, perhaps, the best. It will occasionally be found that the nocturnal emissions are at first increased in frequency under this treatment, but we are not to be dispirited at such an effect; it is only temporary in its duration, and the emissions produced under the influence of the medicine are not nearly so enfeebling as those which occur previously to its employment. It is a question whether sexual intercourse should be recommended in these cases. Putting religious considerations aside, the opinion of Lallemand appears to be rational, that the occasional employment of the organs would conduce to their vigor, upon the principle that a weakly frame generally is strengthened by the moderate employment of the exercise specially adapted to each of its parts.

Such is the simple mode of treating that form of spermatorrhœa which is connected with general debility, and depends upon an atonic state of the spermatic vessels; we have now to consider the treatment of the most important form of the disease—that which has for its exciting cause undue exertion of the sexual organs, and which depends essentially upon chronic inflammation of the parts concerned.

In the first place, the excess which produced the disease must be abolished; and here is the principal difficulty: so firm a hold has the pernicious vice which is generally observed to be indulged in, that inducements or threats are often alike inefficacious in preventing it. Sexual intercourse must be forbidden; unlike the other form of the disease, in this it is positively hurtful. The great error in the treatment of these cases lies in the endeavour to support the debilitated frame by nourishing food and stimulating drinks. Wine and beer must not be allowed, neither must the food be highly seasoned. The diet should, on the contrary, be of the simplest kind—as milk and bread, and well-cooked and digestible vegetables. The drink water. The application of cold is of doubtful efficacy in these cases; some, indeed, are aggravated in a notable degree after cold bathing and the douche. The method upon which the greatest reliance is to be placed for the absolute cure of the disease is the application of nitrate of silver to the affected portion of the urethra. It is not my intention to discuss the manner in which this remedy acts, suffice it to say that its power in modifying the sensibility and restoring the functions of diseased mucous membranes is now a matter of every day notoriety.

The application of lunar caustic to the urethra in cases of spermatorrhœa was first the suggestion of Lallemand; for although Sir E. Home had previously cauterised the canal, it was with the object of overcoming a stricture. Lallemand prefers in all cases the application of the solid nitrate; but it may likewise be used with benefit in the form of solution. In the hands of the French surgeon the success of this mode of treating involuntary emissions has been most remarkable; nearly one hundred cases are reported in which it was adopted, and in all, with very few exceptions, its effects have been rapid, and where the patient has been commonly prudent, subsequently to his treatment, permanent. The experience of British surgeons, though not so extensive, is, as far as it goes, equally satisfactory. In the excellent critique upon Lallemand's works in the "Brit. and For. Med. Review" (No. 30), are collected the written testimony of several English practitioners. One gentleman writes thus: "I can recollect eleven cases in which I have found Lallemand's treatment successful, and one in which it did not completely succeed. In seven of the eleven cases a single application of the caustic was enough, in four it was necessary to apply it a second time. The effects are immediate. A person in whom the discharge has continued for months will have none for some days after the use of the caustic." Another writes to the following effect: "I have carefully noted twenty-seven cases treated by the nitrate of silver; of these, thirteen were completely cured; eight so much benefitted that the emissions only recurred occasionally, and produced but little effect on the system; the remaining five were benefitted, but not to the same extent. A third surgeon states that, "with regard to Lallemand's method of cauterising the urethra, he has tried it in a dozen cases, and in the majority of them with decidedly good effects." Mr. Phillips, in a paper above alluded to, thus speaks of the caustic bougie, "In nineteen cases I used the caustic. Of these cases, ten were completely relieved by a single application; in three the amelioration was decided, though the complaint was not cured; in six there was no relief; in the nine cases in which the first application was insufficient the remedy was again used, in three cases with complete relief." So that "in thirteen cases out of nineteen it succeeded, in six it failed, but in no case was there any aggravation." It appears, then, from these remarks, that of fifty-eight cases, exclusive of those of Lallemand's, in which caustic was applied, it failed only in six, was beneficial in fourteen, and completely successful in thirty-seven, or two-thirds—a result sufficient to establish its character as a remedy of the utmost value.

In the majority of the cases one application of the caustic is sufficient, and more than a second is seldom necessary. No evil effects are produced by it, beyond those of transient irritation—such as scalding on making water, with occasionally a slight admixture of blood. My own experience of the remedy is not extensive; I have caused it to be tried only in three cases; in all

with perfect success. One case was of the utmost severity, and as it affords an excellent example of the affection, and pourtrays the obstinacy with which it resists ordinary means of cure, I think it may not be uninteresting to relate. Mr. ——, aged nineteen, of moderately robust original constitution, consulted me about a year since in the following condition. He had emaciated to a considerable extent, and had become utterly incapable of exertion; the slightest exercise induced fatigue and profuse perspiration. His face was pallid, expressive of timidity, and covered with acne indurata and punctata. His mind had become enfeebled; he was unable to read with attention, and wept upon the most trivial occasions. He complained of anomalous pains in various parts of the body, and suffered severely from gastrodynia. He had frequent attacks of hysteric delirium, accompanied with excessive palpitation. The bowels resisted obstinately large and repeated doses of croton oil. Nocturnal emissions had existed for many months, and at this time occurred several times during many successive nights, leaving him in a state of the utmost moral and physical prostration. The mere act of conversing with a female induced a discharge, but he had lost all power of erection.

The genital organs were well developed; but the testicles were tender upon pressure, and pendulous. He confessed to the long and frequently indulged habit of masturbation, but, as is commonly the case in such persons, had committed no excesses with women. He had been treated by more than one practitioner in the usual way—that is, by tonics and good living—without avail. As he complained of considerable pain along the perineum, I commenced the treatment by leeches, and with good effect as to the pain, but without diminishing the frequency of the emissions. I next ordered an injection of four grains to the ounce of nitrate of silver three times a-day, under which the emissions were suspended for several days together, and he gained a corresponding amount of strength. I lost sight of him from this time till January last, when I was summoned to him suddenly, and found that he was as bad as ever, and in a state of complete hysteria; I determined, therefore, to cauterise immediately. A surgical friend having first passed a common bougie, we found the membranous portion of the urethra highly sensitive, and cauterised it by means of Lallemand's instrument. Very little pain was complained of. In a few days an alteration had taken place in the patient which surprised me; he had had but one emission since the operation, could retain his water, and had experienced erection of the penis, which had not occurred for months. A daily improvement took place; his mind became clear, and capable of attention; his procreative powers returned with vigor, and he is now in perfect health.

The method of performing the operation is as follows:—A common bougie or catheter is to be passed in the first instance, and the length is to be noted at which the urine begins to flow; an inch short of this will give the situation of the membranous portion of the urethra. The armed instrument is then to be passed to the same length, and the caustic being denuded, it is to be made to revolve, by twirling the instrument for the space of an inch and a half, when it is to be drawn within the bougie and extracted. Nothing can be more simple. If the ardor urinæ be excessive, and there be much pain after the operation, a hip bath may be used, but in general no ill consequences are observed.

As auxiliaries to cauterisation in the treatment of involuntary emissions, the occasional application of leeches will be found useful. The patient should also be recommended to lie upon a hard mattrass, and never, if possible, to sleep upon the back, as pollutions are, beyond a doubt, more likely to occur in that position than in any other. The use of a cold enema, with twenty drops of laudanum upon going to bed, will greatly assist in preventing them.

Much care is requisite in managing the convalescence of these patients. Their newly acquired sexual vigor is apt to lead them to a repetition of excess, by which a relapse is most readily induced. As soon as the local irritation has been subdued, a course of tonics may be recommended.

Bury St. Edmunds, Sept. 21.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, NOVEMBER 4, 1843.

We have more than once directed the attention of our readers to the deplorable results of that random administration of powerful remedies which occurs daily and hourly in the shops of chemists who prescribe for their ignorant customers, and we have pointed out the fraudulent uses which many chemists are making of their newly-acquired diploma from the Pharmaceutical Society, by causing it to be considered by the ignorant as a qualification for medical practice. We think it right to inform our readers occasionally of the movements of this society, because, whatever may be the conscientiousness of its founders, or their desire to prevent their associates from making an improper use of their so-called testimonial of qualification, it must be recollected that they can have but a very slight control over a body of tradespeople, most of whom cannot afford to be particularly scrupulous.

It will be difficult to deny that, although the indiscriminate distribution of the diploma to all applicants may be an admirable means of filling the coffers of an infant institution, and of obtaining that influence which is always produced by numbers, be they who they may, yet that it is not an equally certain means of ensuring (for at least a generation) those high objects which the founders have at heart—that is to say, the respectability, education, and quasi-professional character of the members. Whatever education may be required from future candidates, whatever examination they may be submitted to, they fall back undistinguished into the general illiterate mass, who have obtained the same diploma by priority of application and by purchase.

We need hardly adduce much evidence to prove to

our provincial readers that, to speak of the chemical knowledge of the great majority of so-called chemists, would be perfectly ridiculous. But we are, fortunately, saved all trouble on that score by Mr. Richard Phillips, who has published, in the "Pharmaceutical Journal," some illustrations of the present state of pharmacy, which have elicited from a correspondent a very natural expression of regret that such statements of ignorance and adulteration should be handed down to posterity through the medium of their own journal.

Mr. Phillips states that, being frequently in want of small quantities of chemical reagents, he was accustomed to send out for them to various retail chemists; that he generally sent to the establishments of "chemists who, on account of the local stations which they occupy, or the extent of their establishments, must be admitted to be among the most respectable members of the class to which they belong;" that, being generally disappointed in the purity and quality of the articles, he determined to extend his inquiries, the results of which show that there is very great room for improvement even in the respectable quarters referred to. We must add, that Mr. Phillips generally sent a prescription for the drugs, directing each to be of the quality ordered by the London Pharmacopœia.

The first article that he comments upon is the nitric acid, which, according to the Pharmacopœia, ought to be of the specific gravity 1·5, and to contain 80 per cent. of real acid. He procured seven specimens, varying in specific gravity from 1·357 to 1·459, and in the quantity of real acid from 49·4 to 68·3.

In order to determine whether the persons who supplied these acids were aware of their deficiency in strength, he next sent to each for a sample of the dilute nitric acid, which, when properly prepared, has a specific gravity of 1·080, and contains nearly 12 per cent. of real acid. The samples procured varied from 1·040 to 1·069 in specific gravity, and from 5·97 to 10 in real strength; and they bore ample evidence not only that the chemists were not aware of the weakness of their acid, but also that they had been grossly negligent in measuring the quantity of acid and water which they mixed.

The inconvenience that might arise, both to the prescriber and the patient, from this extreme variation in the quality of a medicine, needs scarcely to be hinted at.

The next article noticed is the hydrochloric acid, which was in no instance of the requisite strength or degree of purity; neither was the diluted acid, procured from one source, prepared with any attempt at accuracy in the quantities mixed. One chemist, to whom Mr. Phillips applied to have a prescription prepared, in which, to use his words, "twenty drops of hydrochloric acid were directed to be taken twice a-day, referred to the Pharmacopœia, and, as I believe, to a posological table; he mentioned that the dose was a large one, but having assured him that the necessary precaution would be observed, *he omitted to put the number of the 'drops' to be taken, and gave me hydrocyanic instead of hydrochloric acid.* On this case I do not think it requisite to make any comment, merely observing, that the mistake did not arise from any want of clearness in the writing of the prescription, for four persons had given me hydrochloric acid as directed, though, as already stated, not of the requisite quality."

The next substance examined was the carbonate of potass, the impurity of which, we will allow, might not have been suspected by the chemists, nor is it of much consequence; but the same cannot be said of the quality of the *liquor potassæ carbonatis*, which, instead of containing twenty ounces to the pint of water, contained, in one instance, only eighteen, and in another scarcely fourteen, ounces. Now, granting that a chemist cannot be expected to be certain in all cases of the extreme purity of his drugs, certainly no excuse can be found for such gross carelessness or fraud as is shown by the substitution of fourteen ounces for twenty.

Mr. Phillips next passes to the *liquor potassæ*, which is prepared from the carbonate by a very simple process. On the impurities which he detected we shall not comment, for the reason just stated; and, besides, they would not interfere materially with the medicinal properties of the compound. But the variations in the strength of this very common medicine were still greater than those noticed in any of the preceding substances. It ought to contain 8 per cent. of the hydrate of potass; but the first specimen examined gave only 1·6 per cent; and another specimen obtained from the same chemist, after the lapse of a short time, gave 4·75 per cent.; so that the latter was three times as strong as the former preparation, although, after all, but little more than half the strength it ought to have been. In one instance Mr. Phillips found the *liquor potassæ* deficient in strength, because avoirdupois ounces of the carbonate had been employed instead of troy ounces.

Mr. Phillips next touched upon the hydrate of potass, and the first specimen he procured contained only 31 per cent. of the hydrate, with 37 of the carbonate and other impurities. We will let that pass, however; chemists as well as medical practitioners are obliged to trust more or less to their wholesale druggists. But the first chemist that Mr. Phillips applied to for half an ounce of the hydrate, sent him a phial labelled "*potassæ hydriodas*," and containing crystals of iodide of potassium. Suspecting that this mistake occurred in consequence of writing *hydras* in the genitive case, Mr. Phillips again sent to the same chemist, and, being determined to throw no gramma-

tical obstacle in his way, wrote for half an ounce of *potassæ hydras*, and then received the impure compound we have just mentioned, labelled "potassæ fusa." Of three others, to whom he sent the same prescription, one also sent the hydriodate of potass, one the hydrate of potass tolerably pure, and one a very impure sample, which the *chemist* accounted for by saying that "the *potass was decomposed by the action of the heat.*"

We have all heard of a poor gentleman who lost his life because his physician did not understand Greek; but it seems equally possible for a man to lose his life because the chemist does not understand the genitive case.

That this petty philological error is not solely confined to chemists with fine shops, large businesses, and respectable characters, in London, Mr. Phillips had an opportunity of showing during a recent tour. For having heard of a chemist of no ordinary pretensions in the neighbourood of the place he was visiting, he went to the shop, and found, by a hand-bill, that he was not content to be considered a mere druggist, but announced himself as M.D., M.F.P.S.G., and M.R.V. Inst. Lond., the meaning of which cabbalistical formula Mr. Phillips says he could guess without any great stretch of the imagination, in which respect we are forced to acknowledge ourselves very much his inferior. However, nothing dismayed, Mr. Phillips presented a paper, on which was clearly written *potassæ hydratis*, 3ij, and received a bottle labelled "*hydr. pot.* 3ij," containing some very impure iodide of potassium.

We will not follow Mr. Phillips in the further reseaches which he made, and which proved sufficiently that, amongst the whole fraternity, "agreement with the directions of the Pharmacopœia forms the exception, and that a scanty one, whilst violation of them constitutes the rule." Of the many inferences that might be drawn from Mr. Phillips's researches, we will at present content ourselves with one. We will ask whether the founders of the Pharmaceutical Society are justified in adding ever so little to the chances of mischief from unqualified prescribers, by conferring a thing with even the name of a diploma on these ignorant adventurers?—are they justified in their assumption that their original members are so far qualified as to be entitled to admission without examination?

Let us look at the official description of the diploma: (*vide* "Pharm. Jour.," No. VI.) "The shield is supported on the left by an imaginary portrait of Avicenna, who represents *pharmacy in Arabia* in the earliest ages of antiquity! He holds in his hand the staff of Esculapius, emblematical of the *healing art*, with which he points to a wreath of medical plants, which indicate *botany and materia medica.*" "On the right of the shield is an imaginary portait of Galen, holding in his hand an antique balance, emblematical of prescriptions accurately prepared." "Underneath the shield is an alchymist in his laboratory, denoting *philosophical research;*" then there is a "recess containing apparatus, emblematical of *chemistry.*" But "on the summit is a pestle and mortar, which represents *pharmacy*, and connects the man who *pounds* with *shillings* and *pence!*" Truly the framers of this precious document have perpetrated a cruel piece of irony on their associates, which is even still more obvious than the meaning of their truly pharmaceutical pun. We can imagine the founders of the society propitiating the lordly shades of

> "Ippocrate, Avicenna e Galieno
> Averrois, che 'l gran comento feo,"

and invoking their tutelary guardianship of their infant institution. But in vain does the imaginary representative of Arabian pharmacy point to botany and materia medica, and Galen, with his antique balance, suggest accuracy in preparing prescriptions. It is pretty clear that the pestle and mortar, with their mysterious emblematical relation to shillings and pence, are still uppermost in the ideas of the pharmaceutist.

HALFPENNY DOCTORS.

THE CHRISTIAN

GENERAL BURIAL SOCIETY,

UNDER THE PATRONAGE OF

James Kershaw, Esq., Mayor of Manchester; and Daniel Lee, Esq., one of the Magistrates for the Borough.

Sir Benjamin Heywood, Bart., Banker.
James Eager, M.D., Hon. Sec.

Since we are hearty well-wishers to all societies for promoting the good of mankind, we feel great satisfaction in introducing this truly philanthropic association to the favorable notice of our readers, and beg to submit one or two extracts from the prospectus for their perusal:—

"The directors of the above society beg leave to inform its members, and the public in general, that during the past year (under the Divine blessing) the society has been favored with unparalleled success." * * * "The directors feel great pleasure in offering its unparalleled advantages to the public." * * * "The privileges of its members will equal, if not exceed, any other in existence; for any person being a member two calendar months, in case of death a good oak coffin will be allowed; if four months, two pounds and a coffin; if eight months, three pounds and a coffin; if twelve months, four pounds and a coffin; and if a member five years, the munificent sum of five pounds and an excellent oak coffin."

"A FAMILY BOARD OF HEALTH

Is connected with the above society, and any member paying one halfpenny per week to it shall, in all cases of sickness or lameness, be entitled to medical advice, medicine, and medical attendance from a professional

man—Dr. Eager, No. 55, Peter-street, having been appointed medical adviser to the institution.

"☞ The directors can most conscientiously recommend this part of the great institution to all the members of the society on account of the unremitting attention and superior skill of its worthy superintendent, many lives having been saved in the course of the year through the Divine blessing on his labors.

* * *Please to keep this bill clean till called for.*"

We think our readers will at once agree in their commendations of the *unparallelled* sagacity and foresight of the directors of the General Christian Burial and Halfpenny Doctor Society. Whichever department of the society we contemplate, we cannot but be irresistibly struck with its admirable adaptation to the whole. Let us suppose some pious undertaker, anxious (under the Divine blessing) to provide Christian burial for as many of his friends as possible, what better means could he take of furthering his wishes than recommending them to the "unremitting attention and superior skill" of a doctor at one halfpenny a-week? Or, on the other hand, let us suppose the economic father of a sickly family desirous of medical advice, medicine, and medical attendance, for all possible sickness, lameness, and other casualties, at one halfpenny per week, how prudent to provide for the possible need of a coffin, within twelve months! How beautifully prudence and piety walk hand in hand! How useless would be the offer of the coffin without the corresponding services of the doctor! How imprudent to employ the doctor without having first secured the coffin!

Verily we wish the sagacious directors and the worthy medical superintendent of this society all the success they deserve. May the directors experience the full benefit of his unremitting attention—may his coffers overflow with weekly halfpence—and may all who wish speedily to enjoy the posthumous munificence and excellent oak coffin of the directors, hasten to secure their ha'p'orth of his superior skill!

DR. COPLAND'S DICTIONARY.

"He that works against time," said the great Dr. Johnson, "has an antagonist that never tires." Dr. Copland must often have felt the force of this remark when announcing from time to time the promised completion of his Dictionary. The wrapper, which is dated 1835, announces the completion of the whole work in a few months; in 1838 there was a confident promise of one half-part every three months, but yet five half-parts have not been produced in the subsequent five years; ten years have elapsed from the appearance of the first number, and the alphabet is not more than half completed.

It would, of course, be absurd to accuse Dr. Copland of want of industry; the delay is easily enough accounted for by the immensity of the undertaking. But yet, as a respected correspondent has suggested to us, he ought to have had some little hesitation in making promises to his subscribers, which his own experience must sufficiently have taught him the impossibility of keeping.

Nevertheless, our remarks are made more in sorrow than in anger. We cheerfully acknowledge the value of Dr. Copland's labors, and tardy as he may be,

> "Seu plures hiemes, seu tribuit Jupiter ultimam
> Quæ nunc,"—

we confidently hope to live long enough to see their completion.

REVIEWS.

Elementary Instruction in Chemical Analysis. By Dr. C. Remigius Fresenius. With a Preface by Professor Liebig. Edited by J. Lloyd Bullock, Member of the Chemical Society, &c. London: 1843. 8vo, pp. 284.

This work of Dr. Fresenius emanates from the celebrated chemical school of Giessen, and is stamped with the approval of the head of that school, Professor Liebig. We believe there are few who have given themselves to chemical studies who have not felt the want of some such work as the one before us, which indeed seems admirably calculated to afford that assistance towards the attainment of precision in analysis which was required. The treatise is divided into two parts—the one comprising an introductory course, the other a systematic course of qualitative analysis. In the first of these courses we have, treated of in succession, the various operations of solution, crystallisation, precipitation, filtration, &c., with a short account of the necessary apparatus; the tests, or reagents are considered, and their relations with various substances, as well organic as inorganic, pointed out. The second course is a practical application of the principles before laid down to the analysis of compound bodies of greater or less complexity. In describing the various reagents, concise directions are given for ascertaining whether they are contaminated with any foreign matters, as well as for obtaining them in a state of purity, and every care is taken to indicate the sources of deception in their application to analysis.

It is sufficiently evident, from the turn which physiological and pathological investigations have recently taken, that the accomplished physician must add the labors of the laboratory to those of physical research in his inquiries into the phenomena of disease. Without pledging ourselves to an approval of the doctrines of Liebig en masse, we cannot but see that when matured by further study on the part of the author and other workers in the same field, and tested by the scrutiny of less exclusive theorists, they must exercise as great influence on the theories and practice of medicine in general, as the researches of Dr. Prout

have long done in one particular class of affections. Our readers are well aware that Liebig's views are founded upon the employment of quantitative analysis, but before these can be extended in their application, from general results to those more minute and special inquiries which are, however, essential to the right understanding of the chemical processes going on within the tissues and organs of the body, whether in health or disease, a preliminary acquaintance with the principles of qualitative analysis becomes imperatively necessary.

As a guide to the student of analytical chemistry in all its branches; to the student of the chemistry of the fluids, now so assiduously followed; and to the medical jurist, the manual of Dr. Fresenius will be found most valuable. The qualifications of its author for the task which he has so well executed, are pointed out by Liebig in the short preface furnished by him to the work. "Dr. Fresenius," he observes, "conducts the course of elementary instruction, in mineral analysis, in the laboratory of the University of Giessen. During the two last sessions he has followed the method described in his work, entitled 'Elementary Instruction in Qualitative Chemical Analysis.' This method I can confidently recommend from my own personal experience to all who are desirous of obtaining instruction in inorganic analysis, for its simplicity, usefulness, and the facility with which it may be apprehended. I consider Dr. Fresenius' work extremely useful, as an introduction to Professor H. Rose's excellent manual, and for adoption in institutions where practical chemistry is taught, but, it is especially adapted to the use of phamaceutical chemists. Further, a number of experiments and discoveries have been recently made in our laboratory, which have enabled Dr. Fresenius to give many new and simplified methods of separating substances, which will render his work equally welcome to those who already are familiar with the larger works on inorganic analysis.

The work has already gone through two editions in Germany, and has been adopted in several institutions in that country; the English edition, entrusted, at the special recommendation of Professor Liebig, to the care of Mr. J. Lloyd Bullock, is carefully executed, and contains the last corrections of the author and some additions.

ACADEMY OF SCIENCES, PARIS.

October 23, 1843.

AFRICAN OPIUM.

M. Payen read a report on various communications relative to the production of opium in Algiers. It appears that M. Hardy has made several experiments to determine how far the cultivation of the *papaver somniferum* could be carried with advantage. From analysis of the different specimens produced, it would appear that the African opium contained 4·1 per cent. of morphine, while that of Smyrna gave only 3·9 per cent. The reporter considered that the results of the trials hitherto made were favorable, and recommended that the cultivation of the poppy should be pushed in the warmest parts of Algeria, especially in sites protected from the north wind.

DEVELOPMENT OF THE HUMAN ALANTOID.

M. Coste read a second memoir on this subject. In the former one, he endeavored to show that as the human amnios resembled that of mammalia and birds in its arrangement, so it was developed in the same way. In the present memoir the author applies himself to the history of the development of the alantoid. His theory is, "that the human alantoid instead of constituting a vesicle independent of the embryo, forms, on the contrary, an integral part of its organisation, and that the embryo is enclosed in the cavity of the alantoid at a period when no trace of umbilical cord can be found externally."

ACADEMY OF MEDICINE, PARIS.

Oct. 24, 1843.

NITRATE OF POTASS IN RHEUMATISM.

M. Martin-Solon read a long memoir on this subject. The author gives the nitre to the extent of from three or four drachms to two ounces in the twenty-four hours, diluted with a large quantity of fluid. The dose is increased according to the progress of the disease, and the remedy continued until the pains have completely ceased. The author had experimented on 33 patients, 25 males and 8 females. The following is a brief abstract of the cases:—23 were of moderately good constitution; 5 were very strong, 5 feeble; 9 had already suffered from the disease; the rest were attacked for the first time; in 21 cases the remedy was commenced on the second to the sixth day of attack, in 12 from the seventh to the fifteenth day. 20 of the patients were cured between the third and seventh days, 11 from the eighth to the tenth, and 2 from the eleventh to the fifteenth days. In 27 cases the progress of the disease was arrested immediately on the administration of the remedy; in 28 cases it was the only one employed. The effects produced by this medicine were retardation of the circulation, perspirations, and in five cases increased secretion of urine. From these facts the author concluded that, in cases of acute articular rheumatism, we may safely depend on the efficacy of the nitrate of potass, which effects a cure from the fourth to the tenth day.

INOCULATION OF SYPHILIS.

M. Ricord announced that, seventeen days previously, he had injured his thumb with a scissors which he had just been using for the dressing of a primary venereal ulcer. Phlegmonous inflammation set in, and, as he was doubtful of the true nature of the sore, he inoculated the pus on the forearm of the same side; within twenty-four hours the characteristic pustule made its appearance; he immediately cauterised it with the Vienna caustic. He had resolved on inoculating himself to prove the sincerity of his conviction on this matter, and to show that for him inoculation was not a mere subject of curiosity, but a question of science.

SHEFFIELD MEDICAL SOCIETY,

October 19, 1843.

Dr. Favell (President) in the Chair.

FUNGUS OF THE BRAIN.

Dr. Favell exhibited a specimen of fungous tumor of the brain. The subject of the disease was a sober temperate man, aged forty, who had for several years suffered from epilepsy and occasional attacks of meningitis. About seven years ago the left eye became affected with strabismus, and for a short time before his death the whole of the left side of the body was paralytic. His chief complaints were severe headache and vertigo, and these symptoms were from time to time so much mitigated, as to enable him occasionally to follow his employment as a joiner. During his illness his wife had two confinements. The children were weakly, and both died a few months after birth. He never suffered from lowness of spirits; the intellect was not impaired, but his temper was particularly irritable and hasty.

The tumor, which presented the usual characters of medullary sarcoma, occupied a space of three inches in length, and about an inch and a half in breadth, along the outer surface of the right hemisphere, and occasioned a corresponding depression in the substance of the brain. It was very firmly attached to the inner surface of the dura mater, and also to the superior surface of the arachnoid. The dura mater, in the neighbourhood of the tumor, was intensely injected, as was also the arachnoid. The latter membrane was likewise greatly thickened. The substance of the brain on the right side, especially in the situation of the fungus, was considerably softened. The rest of the brain was healthy.

GRINDER'S LUNGS.

Dr. Favell exhibited—

1. A portion of the superior lobe of the left lung of a razor-grinder, who had died from pneumonia of the right lung, without having previously suffered from the usual symptoms of grinders' asthma. The portion shown was of a dark grey color, and exceedingly dense, having the consistence of India-rubber. The under surface of the incised lung (where it was cut off from the rest) exhibited numerous small, dark-colored bodies, like granulations.

2. A portion of lung from the body of a table knife-grinder. This specimen was exceedingly dark-colored and dense, and had lost the usual structural appearance of pulmonary tissue.

3. Portions of lungs obtained from the body of a pen-blade-grinder. The external surface was thickly studded with small black spots, about the size of currants. Similar bodies were also discovered in the internal structure of the lungs, and here and there they had aggregated so as to form large masses, which were very dense, and retained the impression of the knife when cut into. In the superior lobe, on the left lung, there was a large hardened mass, about the size of a hen's egg, which exhibited, when incised, appearances similar to those already noticed. The branches of the vessels, arteries, veins, and bronchi, were considerably dilated, and the lining membrane of the latter much injected. There was slight emphysema at the edges of the lungs, and at the posterior surface of the inferior lobe. The bronchial glands were enlarged, and of a black color, and several of them contained calcareous matter.

4. A drawing, kindly executed by Dr. Branson, of the section of the lung of a fork-grinder, in which a hardened mass, about the size of a pigeon's egg, being laid open, presented the appearance of pulmonary apoplexy.

STONE MASON'S LUNGS.

Dr. Favell also exhibited several sections of the lungs of a stone mason, in which small, dark-colored bodies, similar to those observed in the preceding case, were perceived both on the surface and within the structure of the lung. Several hard masses existed in different portions of the lung, especially in the superior lobe on the right side, which afforded an unusual degree of resistance to the knife, and very closely resembled both in appearance and density one of the specimens of grinders' lung. The edges of the lungs were emphysematous. A large cavity, with indurated edges, existed in the superior lobe of the left lung. The bronchial glands were greatly enlarged, indurated, and of a dark color. Some of the branches of the bronchi were dilated, and the lining membrane injected.

DISEASE OF THE HEART.

Mr. Wilkinson, of Rotherham, exhibited the section of a heart, in which the right auriculo-ventricular valve was considerably indurated, whilst the corresponding valve on the opposite side presented the appearance of scirrhus. The subject from whom it was obtained was a young woman whose brother is at present suffering from regurgitant disease of the mitral valve.

Mr. Henry Jackson laid on the table two volumes of Galen's works, published in 1525 at Venice, which contained the autograph of the celebrated Rabelais, whose undoubted pre-eminence as a medical practitioner in those days has been completely eclipsed by his fame as the author of the romance of "Gargantua and Pantagruel." This book was obtained at Lyons by Dr. Alexander Cooke, of Ripon, who died in 1757, and was presented to the library of the Sheffield General Infirmary by his nephew, George Cooke Yarborough, Esq., of Streetthorpe, near Doncaster, in 1797. The edition is in five volumes, and contains a number of marginal notes, some in the same handwriting as the autograph, and was most probably used by Rabelais in the edition of "Some of the Works of Hippocrates and Galen," published by him in 1532.

Dr. Favell afterwards read a paper "On certain Affections depending on Abnormal Conditions of the Nervous Centres." The Doctor commenced by observing that there is no fact in pathology more clearly established than that the peripheral extremities of nerves often give the earliest, and sometimes the only, indication of disease existing in nervous centres. Hence, the symptoms of irritation existing in different organs frequently do not depend on any abnormal condition of the part immediately affected, but are to be traced to other organs situated remotely from them. The Doctor urged the importance of this doctrine in a practical point of view. During the last session, he remarked, he drew the attention of his brethren to the subject, in some observations "On certain Morbid

Phenomena illustrative of the Reflex Functions of Nerves," and especially the occurrence of chorea in cases of pericarditis, where the extremities of the nerves being the seat of irritation, the irritation itself is thrown back upon the spinal nerves, and thus induces general spasmodic action. The cases to be adduced on the present occasion, however, he remarked, differ greatly from that to which allusion has just been made, inasmuch as the source of irritation in them is situated not at the extremities of the nerves, where the irritation is perceived, but at the part from whence they originate. The Doctor confined his observations entirely, on the present occasion, to affections of the spinal cord and its coverings, and illustrated his general proposition by details of cases which had occurred to himself of the following kind:—

1. Menorrhagia, from irritation of the sacral nerves, evidenced by tenderness on percussion over the sacrum.

2. Painful digestion and enterodynia depending on irritation of nerves proceeding from the dorsal portion of the spinal cord.

3. Pleurodynia, the brain being constant and the breathing very laborious, but unaccompanied by friction sound.

4. Excitement of the heart, presenting the usual general symptoms of hypertrophy.

5. Spasm or loss of power, partial or complete, in the organs of locomotion.

6. Loss of power over the sphincters of the bladder and rectum. In all these cases there was tenderness on pressure or percussion over some portion of the spinal column. The treatment adopted consisted in placing the patient on the abdomen on a prone couch, and in the earlier stages abstracting blood by means of leeches. Blisters were subsequently applied first to one side and then to the other of the spinal column. In very chronic cases the leeches were frequently omitted, and, after a succession of blisters, a seton was occasionally inserted immediately above the seat of tenderness.

MORE MESMERIC IMPOSTORS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Having recently read, in No. 146 of your Journal, a most able exposition by Mr. Estlin, of Bristol, of the gross imposture practised on the public by various itinerant Mesmerisers, I am induced to forward you an account of a recent exhibition in this town, which, perhaps, may assist the judgment of those (if any such there be) who, having read Mr. E.'s address, may still entertain a lingering doubt concerning the pretensions of the so-called science of Mesmerism.

A most illiterate individual, of the name of Whidow, has just started from Leamington on a Mesmeric tour, accompanied by two tolerably well trained patients. Their object seems to be entirely a pecuniary one; but, for the credit of this town, I may state, the speculation has here proved a complete failure.

The following is an abridged account of the performance I attended, which lasted upwards of two hours:—

The subject first operated on was a poor, scrofulous man, with a contracted knee-joint, who hobbled in the street on crutches. A few "pawings" of the operator, who stood behind his patient, appeared quickly to induce a profound sleep; and now, the science of phrenology being grafted upon Mesmerism, the wonders commenced in earnest.

As the several phrenological organs were successively excited by the magical *touch* of the lecturer, the man manifested, with pretty accurate pantomimic effect, that some mysterious agent was directing his actions. At this stage I suggested that, from a previous knowledge of the situation of the excited organs, the *touch* of the operator might serve to determine the gestures of the patient; I, therefore, requested the organs might be excited without actual contact, the patient's eyes remaining closed.

The operator then simply pointed to the organ of Benevolence, when the man immediately began the gestures of Self-esteem—such, for instance, as pulling up his shirt collar, buttoning his coat, and sitting in a conceited posture. The lecturer excused this mistake, by supposing the uneven state of the man's hair might have caused a doubt in his mind as to the organ pointed to. The operator then smoothed down the man's hair with his hands, *blew away* with his mouth the excitement from Self-esteem, and again pointed to Benevolence. The patient now, of course, knowing the organ intended to be excited, expressed a strong desire to clothe a naked little boy whom he fancied before him. This, by the majority of the audience, was regarded as perfectly satisfactory.

The man was now placed in the erect posture, with arms extended at right angles with his body, and a chair suspended on each wrist. In this attitude he remained fifty seconds. The operator then removed the chairs, observing, that "to prolong *this* experiment would be dangerous, since, from the excitement produced in the circulation, a rush of blood to the head might take place, and produce apoplexy." The obvious reason, however, for removing the chairs so quickly was, that muscular fatigue (of which the man betrayed symptoms, by quivering his lame leg) must otherwise have soon compelled him to drop them. I have since tried to hold two chairs in the same manner myself, and I find I can support them, without any risk of apoplexy, for a much longer period than this Mesmerised individual.

A girl about eighteen was now introduced, and, after being put to sleep, was made to illustrate the existence of two organs recently discovered by Mr. Spencer Hall (another professor of the Mesmeric art), and which the lecturer called "Soldiering" and "Sailoring." On exciting the first, the young lady saw a troop of soldiers marching towards her; and on touching the second, she expressed a strong desire for a row on the river!

A gentleman present requested the organ of Wonder might be excited. To express this emotion by gestures with her eyes closed was not so easy; she, therefore, contented herself by observing, "Oh! it's wonderful!"

The phenomenon called the "community of sensation" was now attempted to be shown.

Of three substances provided by the lecturer—viz., salt, sugar, and caraway seeds—he was silently requested to taste one, the sugar. The female being

now asked what *she* tasted, after some hesitation said, "seeds." The Mesmeriser, however, was ready with an excuse, remarking that, "although not right, she was not absolutely wrong, a few seeds having accidentally got mixed with the sugar!"

To give the lecturer one more chance, I handed him an ipecacuanha lozenge to taste from my own pocket. After sundry smackings of the lips, which the male patient imitated, he was asked what he tasted, but the man was too wide awake to hazard a random guess, and confined himself to evasive answers, such as, "It's very nice," &c.

The girl being now appealed to, ventured to say, "It's something sweet." Scranch went the lozenge between the operator's teeth, close to the girl's ear. The information, however, conveyed by this manœuvre was fallacious, for the unlucky maiden immediately pronounced the substance to be "biscuit." Was the magnetiser at a nonplus now? Nothing of the kind. An appeal to the *unprejudiced* part of the audience, to determine whether there was not a great similarity in the flavor of many sweet biscuits to an ipecacuanha lozenge, was decided in his favor.

I fear, in the recital of these glaring deceptions, I have already trespassed too much on your valuable pages; but I cannot help remarking, that in the course of the evening the lecturer pronounced Dr. Elliotson to be the "prince of Mesmerists." Should this communication meet the Doctor's eye, he will doubtless feel highly honored by the well-earned compliment paid him by the new candidate for Mesmeric fame.

In conclusion, I think the legitimate inference to be drawn from the above narrative is, that the only stock in trade required by the professors of the Mesmeric art is an unlimited stock of assurance, together with one or two well disciplined confederates. Armed with these, he may sally forth, confidently relying on the support of all lovers of the marvellous—a class which embraces so large a portion of the inhabitants of this favored isle.

I am, Gentlemen,

Your obedient servant,

F. S. Burman,

Surgeon to the Stratford-on-Avon Infirmary.

Stratford-on-Avon, Oct. 19, 1843.

*** A very pretty hybrid certainly is this Mesmero-phrenology. We only regret that this impudent humbug was not favored with a ticket of admission to the House of Correction. Some of his organs might very advantageously be excited by a cat-o'-nine-tails.—Eds.

HARVEIAN SOCIETY OF LONDON.

The annual meeting, to appoint the officers for the ensuing medical session, took place at the society's rooms, Edward-street, Portman-square, on Saturday evening, October 21. The following gentlemen were elected by ballot to the respective offices:—

Presidents—Dr. Edward Murphy, Bennett Lucas, Esq.

Council — Dr. Clendinning, Dr. Ridge, Edgar Barker, Esq.

Treasurer—Dr. Stroud.

Hon. Secretary—Alexander Anderson, Esq.

TAUNTON AND SOMERSET HOSPITAL.

Dr. William Catlett has been appointed physician to this hospital.

LOCK HOSPITAL.

The governors have announced their intention of adding another assistant-surgeon to the staff of the Lock Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, October 27, 1843.

R. B. Hole, F. Smith, E. Walker, J. E. Partington, R. W. Lammiman, M. Burnup, A. B. Andrews, G. V. Birks, J. C. Croft, W. Sheppard, J. N. Greensill, B. Viret.

BOOKS RECEIVED.

A Practical and Theoretical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Skin, &c. By Erasmus Wilson, Consulting Surgeon to the St. Pancras Infirmary, &c. London, 1842.

On the Nature and Treatment of Stomach and Renal Diseases, &c. By William Prout, M.D., F.R.S., &c. The Fourth Edition, revised. London, 1843.

Principles of Medicine, &c. By Charles J. B. Williams, M.D., F.R.S., &c. London, 1843.

New Methods of Alkalimetry, and of Determining the Commercial Value of Acids and Manganese. By Drs. C. R. Fresenius and W. Will, Chemical Assistants in the University of Giessen. Edited by J. Lloyd Bullock. London: Taylor and Walton, 1843. pp. 152.

TO CORRESPONDENTS.

A. B. C. is informed that he is not entitled to receive any numbers published previously to the date of his subscription.

C. S., Oundle.—We thank our correspondent for his communication, but the case should be more fully described to render it suitable for publication.

The report of the March meeting of the Birmingham Pathological Society shall appear as soon as possible.

Semisupinus.—We fear we cannot find room for our correspondent's reply to Dr. Chadwick. Will he make a comparative trial of twelve cases, and send us the results?

Dr. Slaters's address is certainly an odd piece of geography, but it is copied *verbatim* from the list furnished by the Association.

Mr. Challice's case of rupture of the heart has been received.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

ERRATUM.

In our report of the Birmingham Pathological Society in our last Number, two cases attributed to Dr. Percy were read by Dr. Vaux. The M.S. was most undecipherable.

Communications have been received from *Sir John Fife; Mr. Wilson*, of Nottingham; and *Mr. Rodick*.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 163.] LONDON, SATURDAY, NOVEMBER 11, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

LECTURE
ON
POLYPUS OF THE NOSE,

DELIVERED AT
ST. GEORGE'S HOSPITAL, ON NOVEMBER 8, 1843.

By Sir B. C. Brodie, Bart.

BEING THE FIRST OF A COURSE OF LECTURES ILLUSTRATIVE OF SOME IMPORTANT PARTS OF SURGERY,
Delivered gratuitously to the Pupils of the Hospital.

Gentlemen,—Let me first explain to you very briefly the kind of lectures I intend to give you this season. Now, in the wards of the hospital you see many varieties of disease which you have ample opportunity of studying. But there are many diseases, occurring almost exclusively in private practice, which you cannot see in the wards of the hospital; and I intend, in this course of lectures, to speak to you on those diseases.

The first of these will be polypus of the nose—a disease frequent in private practice, but rare in the hospital.

Under the name of polypus of the nose many affections have been confounded together; but I mean by it simply an excrescence of the Schneiderian membrane, having a peculiar character, which I shall describe hereafter, and being non-malignant. This disease, simple polypus, is of much more frequent occurrence among the higher classes of society than in the others, and is more common in men than in women. It seldom occurs before the age of puberty, though it does sometimes. I have not been able to connect it with any particular habit of body or mode of life. It is common among the Portuguese; a Portuguese physician informed me that it was attributed by them to the snuff which they take being largely adulterated with ground glass. It may be so; the irritation may be a source of polypus; but I have not observed that snuff-takers in this country are more liable to it than others, and I believe that snuff is quite as much adulterated here, quite as much, in fact, as medicine.

Polypus is a tumor generally attached by a thin neck to the Schneiderian membrane, but sometimes by a narrow pedicle, or a long, thin membrane. The membrane which covers it is continuous with the Schneiderian membrane, but differs from it by being less vascular. The surface of the polypus is very smooth; it possesses little vascularity; sometimes you will see vessels burrowing into it. It is gelatinous in density, and appears to consist of coagulated albumen. In some few instances there is only a single one, but more commonly there are two or three, and frequently they are found in clusters, so that you can scarcely count them.

The color, which is an essential point, is pearl-like, or white mixed with brown, of an opal appearance. Soft polypus of this kind I have never seen attached to the septum nasi, nor to the inferior turbinated bone, nor to any part of the nostril; but it is almost always attached to the cells of the ethmoid bone, occasionally to the superior turbinated bone.

A woman came into this hospital some years ago, when I was surgeon to it, having symptoms indicating polypus in its early stage; she died of another complaint, and, on examination after death, the cells of the ethmoid bone were found distended by a substance similar to polypus.

The *symptoms of polypus* are, in the early stage, merely an unnatural secretion of mucus; a greater desire to blow the nose, which may arise from common catarrh; but, in the latter case, it lasts for a limited period, whilst the mucous discharge from polypus does not subside, which circumstance would make you suspect an incipient polypus.

In other diseases, such as when bone is affected, you have *pain* in the forehead, but there is *no pain* in polypus. The sense of smell is affected; it may be altered merely, the patient fancying he smells offensive odors which do not exist; or it may be destroyed, which is more common; and the sense of taste at the same time is injured, if not destroyed.

These symptoms increase as the polypus gets larger. There is obstruction of the middle meatus of the nose, then of the inferior meatus. Respiration through the nostril is rendered imperfect, and at last the patient breathes only through the mouth; this is troublesome especially at night, because the use of the jaw in the day keeps up the action of the salivary glands; but at night the mouth is always open and dry, and the tongue becomes hard, like a board. There is no difficulty of blowing the nose at first, although afterwards there is, and the mucus is blown down the pharynx.

The progress of these symptoms differs; in some cases they come on within a year, in others not for many years.

Polypus, if neglected, grows larger, and alters in condition, becoming more solid, the base of it almost cartilaginous in density; sometimes it is large enough to hang out from the anterior nares. It is found to vary with the weather, swelling in a moist atmosphere, but drawn up in a dry one; it acts, it fact, as an hygrometer to the patient. The tumor, when pendulous, cannot be mistaken, having a smooth surface and an opal, semi-transparent appearance. It may project backwards into the pharynx behind the soft palate.

In one gentleman I knew, where it projected into the pharynx, it occasioned cerebral symptoms and giddiness from pressure on the internal jugular vein. It seldom happens that you see worse symptoms than these, because persons generally procure the assistance of a surgeon before the case is so far advanced. But there are instances in which the disease is

neglected, and it goes on farther than this; for I remember a man coming into the hospital, some years ago, having formerly had a polypus removed; but when he came in it was of an enormous size, projecting out from the nostril under the skin of the face. The patient, however, died of cerebral symptoms, for nothing was done to the polypus. Upon examination after death, there was effusion in the ventricles of the brain, arising from the immense pressure of the polypus.

I remember also a boy, sixteen years of age, having a polypus of an enormous size, I should say not less than my fist, hanging down at the back of the pharynx, and, on examination with the finger, it could be felt in the mouth; it pushed out the ossa nasi, giving him a very broad nose, which covered half his face. I lately saw a case where polypus caused absorption of the os unguis; it extended into the orbit by pushing forward the os planum of the ethmoid bone. It was removed, and I believe the patient recovered.

Diagnosis of Simple Polypus.—In the early stage it is doubtful, for you cannot see it; but, when it has attained a certain size, it becomes visible by dilating the nostrils with the forceps. You place the patient with his head well back before the window, and hold the nostril open with the forceps; you then see the polypus, and the more easily if the sun shines. If it be large in size, you wish to know how far it extends; then you can tell if it extends into the pharynx by putting your finger into the patient's mouth; if it should extend to the brain you may tell it by the cerebral symptoms.

Treatment.—You have now ascertained that it exists, and how are you to get rid of it? It is not under the influence of any medicines, being quite a local disease. It is not worth while to try them. After the polypus has been removed, I have used local remedies to prevent its return, but they are only useful then.

The best plan is to remove it; and how is it to be done? There are many ways—

1. *By Ligature.*—You will read in the works of old surgical writers of certain kinds removed by ligature. Here is one for example, but this is not a common polypus, in which it is impracticable; and those who proposed to do it never had anything to do with the disease.

2. *Dissection by the Knife.*—This, too, is impossible, as you cannot see it, and when you touch it with the the knife the blood will directly flow, so as to prevent your continuing the operation.

3. The *scissors* have been proposed, but with these you cannot see your way sufficiently.

4. *Forceps.*—This may seem a rude way of operating, but it is the best, provided you have *proper forceps*, and know how to use them. The proper forceps will pull away the neck of the polypus.

I remember, when I was first house-surgeon here, I found a pair of forceps, and wondered why I could not succeed with them; they were rough, like a file, at the extremity, the rest of the surface being quite smooth. The whole of the opposite surfaces, however, ought to be quite rough; convex above, concave below, opening laterally, so that it holds the polypus quite tight. They should be pretty strong, not slender, unless for small nostrils. Here are forceps made with a screw in the handle, having a double worm, so that, when the polypus is grasped, by proper manœuvering and screwing it tight, there is no danger of its slipping off. The operation may be longer, but it is more certain. In a few cases you will want forceps such as these, which open from above downwards, but they are not often required.

Operation.—The forceps (of course) should be oiled and warmed; the patient placed in a chair opposite the light, with his head thrown well back, the chin elevated; examine carefully the nostril before operating; don't push the forceps at random, but get hold of the polypus as near the base as possible, by introducing the forceps upwards and backwards to the back part of the nostril; be careful to place one blade on one side, and one on the other, and tighten the forceps by means of the screw. The polypus being now well seized, how is it to be taken out? It must not be merely pulled out at once, or it will break off; but it should be first twisted a little to one side, then to another, then gently drawn forwards, then pushed backwards, then twist it again. Having done this a few times, draw out the forceps with some force, and the polypus will come away entire. There may be several others; if there are, repeat the operation. The patient should be directed to blow his nose, so as to bring any others into view; if he cannot do so, you must (without seeing them) endeavour to remove them. There may be, also, a small one jammed in by the larger one, which is brought into view on removing the latter. Having done all this, the patient will blow his nose and say, "Dear me! how comfortable I am; I hav'nt blown my nose for these two years."

In some cases one operation is sufficient; in others, two, and even three, are required. You should be *tender* in using the forceps; rough usage might impair the cells of the ethmoid bone, or even the cribriform plate. I never saw any harm result from the operation; no inflammation, nor cerebral symptoms, nor erysipelas. Mucous membranes bear more injury than the skin, as in the case of internal piles. In one case hæmorrhage followed, which I easily stopped by plugging the nostril with lint.

In some very old polypi, which become firm and cartilaginous, there is great adhesion to the bone; it is, however, of no importance if you remove a small plate of the bone with it, as it shows that the whole polypus has come away. In these cases I used a peculiar pair of forceps, resembling those employed by ladies for cutting flowers; they are so constructed as to cut at the upper part, having a rough surface below to lay hold of the polypus. These are introduced, and the polypus is shaved off as near to the bone as possible.

Here is another pair of forceps, similar to those invented by Dupuytren for artificial anus; they are, however, seldom necessary, and, indeed, the cartilaginous polypi are very rare.

I find, Gentlemen, the time has expired; I will leave the rest of the subject till next week.

[Sir B. C. Brodie directed the forceps and other instruments to be left for the students' inspection. There were several preparations on the table illustrative of the various kinds of polypi.]

CASES OF RARE DISLOCATION.

By Robert Storrs, Esq., Surgeon, Doncaster.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As there are few circumstances in professional life which are productive of more anxiety than obscure or uncommon accidents to joints, from the almost inevitable injury that a mistake as to their nature will cause to the reputation of the surgeon, and the comfort and condition of the patient, I shall not probably here make much apology for troubling you with the following cases illustrative of the subject. They will, doubtless, be of some use to those for whose perusal they are intended—viz., country practitioners who, like myself, have not more of this description of practice than what a country town affords, and are, therefore, not likely to be equally conversant with such matters as their more fortunate brethren of metropolitan or provincial hospitals.

Of the first kind of case I shall record, Sir Astley Cooper states that he only saw two during a practice of thirty-eight years. He only relates four cases of it altogether in his work on dislocations. It is the dislocation of the humerus backwards upon the scapula, and it differs from those related by Sir Astley in the amount of muscular injury attending it, as well as in difficulty of reduction. And it seems to me, *prima facie*, extremely probable that more muscular injury must necessarily take place in dislocation backwards of this bone than in any other of its dislocations, as more muscle must be torn through to allow the head of the bone to rest on the dorsum of the scapula, where it is surrounded by large muscles, than into the axilla, into which it enters between them. But I will proceed to the relation of the case.

On November 28, 1842, at midnight, Captain Ramsden, R.N., of Henthorpe, brought his butler, Reuben Robinson, a stout man, aged fifty-five, to me in a carriage; he had met with the following accident:—They were returning home from a dinner party in a hired fly, when the horse took fright, and precipitated them down a steep bank into a field; the carriage was capsized, and the butler thrown upon his shoulder. On examination, I found him suffering from intense pain, especially behind the acromion, where the head of the bone could be distinctly felt lying below the spine of the scapula. There was very little appearance of deformity of the shoulder, in part owing to his being stout, but the acromion could be felt overhanging a hollow space, into which the fingers sank. The direction of the elbow was forwards, and somewhat inwards, but the humerus admitted of a considerable degree of motion in every direction. The shoulder appeared larger, flatter, and somewhat lower than natural. The head of the bone could not be felt in the axilla. I attempted reduction by the heel in the axilla, but was soon obliged to desist, partly from the pain it produced, and partly from inability to make the least impression on the situation of the bone. In the morning early I again attempted reduction, with the assistance of three strong men, and my pupil, Mr. Jenkinson; but was again foiled. I then sent for the pullies, and with these, and the kind assistance of my friend, Mr. Kerrey, succeeded in disengaging the head of the bone from its new situation; but there was no very perceptible noise when extension was suddenly left off, and the head of the bone raised, at the same time that the elbow was drawn backwards. There was considerable inflammation about the muscles of the shoulder, and for some time an appearance as if something intervened to prevent the head of the bone from resting immediately on the surface of the glenoid cavity; but all appearance of the kind has now subsided, the shoulder is perfectly natural to the eye, but its motions are much less free, and he still suffers from occasional pain.

The next case is one of injury to the hip-joint—of fracture of the neck of the bone within the capsular ligament, or of the acetabulum, or perhaps both—in a boy only thirteen years of age, and is, I think, remarkable, both from the age of the patient, and the complex and obscure nature of the symptoms.

Henry Brown, a healthy, active boy, of irritable temperament, whilst in my employ, was ascending a ladder, which gave way and fell with him, precipitating him into the flagged stable-yard upon his left hip. When he was raised he was in most excruciating pain, and unable to stand; he said he had no power over the limb, which seemed loose to him; but there was no alteration in its appearance. When I came home I found him in the following state:—The pain was so severe that he could scarcely bear any examination, the least approach to motion being accompanied by severe spasm. He was laid on a couch on the side opposite to the injury, the knee of the injured limb resting on a pillow, and at that time rather turning inwards. There was considerable swelling from extravasation of blood over the trochanter major, the thigh across the groin appearing rather wider than the other, with a slight fulness there; the limbs were at that time of equal length. Leeches and fomentations were ordered, and a strong opiate. This plan was continued for a few days without any abatement of the pain. I then got him to allow me to make a further examination of the kind, and, on placing him in a sitting position on the side of the couch, I found that the affected limb was about an inch longer than the other. When left to itself, the limb rotated outwards. The knees could be brought together, and there was considerable mobility of the joint. The appearances were those which would be compounded of dislocation into the foramen ovale and of fracture of the neck of the os femoris. Lengthening of the limb on the one hand; mobility, falling outwards of the limb, and its being able to be laid parallel with the other limb, on the other hand. In this state he remained a few days more, except that he could be scarcely persuaded to lie down; indeed, he sat up so long that the leg of that side became considerably œdematous. A distinct crepitus could now be felt when the hand was placed over the trochanter or groin, on rotating the os femoris. As the swelling and inflammation had now subsided considerably, bandages and the long splint were applied, and he was kept in bed in the straight position; this plan was commenced October 7.

14. The limbs are now of equal length, but there is

great difficulty in preventing the affected one from falling outwards. He has no pain except when moved.

Nov. 24. The splints were removed a few days ago, and passive motion allowed.

Dec. 1. He can now come down stairs, and, by the help of crutches, can walk pretty well; the limbs are of equal length, and there is no difference in the appearance of them, except that the affected one is rather wider in front across the groin, and the trochanter is a little more prominent.

April, 1843. The limb is now an inch shorter than the other; the trochanter projects, and the buttock is wider on that side. My impression was that there was fracture of the acetabulum as well as of the os femoris.

I had another case of fracture of the neck of the os femoris, in rather a young subject for this accident. He was forty-nine years of age. He was a horse-breaker, and about two years ago was thrown out of a gig upon his right hip, and brought home. I saw him a very short time after the accident; the chief symptom then was a slight eversion of the foot. He had no other symptom of either fracture or dislocation, except the pain on motion. He was kept in bed; leeches, fomentations, &c., were applied to the swollen and painful part, and, in a few days, I observed the leg to be somewhat shorter, and the foot more everted, but the limbs could be easily made of equal length by extension of the injured one. On bringing down the limb, a crepitus could be felt, and there could be then no doubt of the case being one of fracture within the capsular ligament. When he had quite recovered from the injury, the limb was full two inches shorter than the other.

I should not have mentioned this case but as a sequel to the other, and as illustrative of the early age at which fracture of the os femoris within the capsular ligament may occasionally take place.

I will not, however, at present extend my communication by further remarks. I merely wish to place the facts themselves on record, trusting they may prove useful to some one or other of your readers when under circumstances of doubt and difficulty of a similar nature. As a whole, they would teach us to be careful of giving an opinion of the exact nature of an accident to a joint, until the symptoms have had time to develop themselves.

I am, Gentlemen,
Your obedient servant,
Doncaster, Oct. 4, 1843. ROBERT STORRS.

CASE
OF
CARIES OF THE OS CALCIS,
SUCCESSFULLY REMOVED BY OPERATION.

By SIR JOHN FIFE, Newcastle-upon-Tyne.

Robert Clark, aged twenty-four, Sunderland, shoemaker, of a sallow complexion, and presenting altogether an appearance of cachexia, was admitted into the Newcastle Infirmary on the 24th of August, 1843, under Sir John Fife, with an extensive sinus over the os calcis of twelve months' duration, with livid discoloration of the surrounding integuments; it commenced in the form of chronic abscess.

He suffered severely from the primary effects of syphilis five years ago, and at that period was mercurialised. About four months afterwards he had secondary symptoms, which, after a long period, yielded to the usual treatment, but he has never enjoyed perfect health since.

On his admission he was put under a tonic and alterative plan of treatment for one month, and, at the end of that period, his health being much improved, he consented to have an operation performed for the removal of the diseased bone, which was accordingly done, and a portion of bone in a highly diseased state was removed without difficulty. After this the part assumed a more healthy appearance, and gradually healed.

Operation.

An incision, nearly perpendicular, was carried from the upper and outer part of the insertion of the tendo Achillis down to the os calcis, as far as the sole of the foot. A carious surface of bone was removed by cutting forceps; the bone towards its centre appeared soft and cancellated, containing much oily matter. Lint was introduced, over which a dressing of turpentine ointment, and the latter covered by a poultice. This treatment was continued for a fortnight, and afterwards the part was dressed with simple dressings, and bandaged.

ON THE
PROPER POSITION
IN
FRACTURES OF THE FOREARM.

By SEPTIMUS RODICK, Esq., Halstead, Essex.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have noticed lately in your valuable periodical some observations made by Dr. John Chadwick, upon the position we should employ in the treatment of fractures of the forearm, and in No. 160 of your Journal some additional remarks are made by "Semisupinus," and if I shall not be trespassing too much upon your valuable pages, I will beg also to offer a few comments on the subject.

My attention was first directed to the position mentioned by Dr. Chadwick in the year 1832, when the same views were strongly recommended and published in the "Medical Gazette" by "Mr. Lonsdale," then house-surgeon to the Middlesex Hospital; I could not, however, at that time reconcile to my mind the idea of placing the hand completely supine for fractures of the forearm, and my subsequent observations upon the treatment of such accidents will not lead me to adopt it, having from that period up to the present moment always employed the position midway between pronation and supination with satisfactory results. Dr. Chadwick rests his argument upon the supposition that, when the radius is broken, the upper portion of that bone is turned quite supine by the biceps muscle; but I am not willing to allow that such is the case. I am aware that the biceps flexor cubiti in its primary action is a powerful flexor of the arm, and in its *secondary* occupation acts as a supinator, but why it is to take upon itself this *secondary* power the moment the radius is broken,

I am quite at a loss to imagine. It may, perhaps, be urged that the very position employed when we bend the elbow and put the arm in a sling, calls the biceps into action; but I would beg to state, in reply, that I consider when a surgeon carefully applies the splints to the forearm, and requests his patient *not to make any muscular effort on his part*, but to allow him to place the limb and keep it, by a sling, in that position which I consider best calculated for the relaxation of all the muscles connected with the forearm—viz., *midway between pronation and supination*—all the muscles are passive, and the biceps, instead of being in action, as Dr. Chadwick would have us to believe, is literally in a state of *relaxation, the attachment of the muscles having been approximated*. Again, should the fracture occur below the insertion of the pronator radii teres, I think Dr. Chadwick will be ready to admit that the action of that muscle exceeds in strength the *supinating* power of the biceps. Suppose, also, there should exist a comminuted fracture of both bones of the forearm, and the interosseous ligament is destroyed, and, unfortunately, any of the fragments become united to the ulna, the power of pronation and supination must be for ever lost; and where, I would ask, is the individual who would not prefer to have his hand fixed *midway between pronation and supination*, in PREFERENCE to the position in which it must inevitably remain if it were placed as Dr. Chadwick directs—viz., completely supine?

I must apologise for having trespassed so much upon your time, but, should you deem the observations I have made worthy a place in your valuable periodical, you will oblige me by inserting them.

I remain, Gentlemen,
Your obedient servant,
SEPTIMUS RODICK.

Halstead, Essex, Nov. 2, 1843.

CASE
OF
OVARIAN DROPSY,
TREATED SUCCESSFULLY WITH THE IODURET OF IRON.

By SEPTIMUS TUTON, Esq.,
Senior Surgeon to the Ripon Dispensary.

On the 5th of July, 1839, I was requested, by the Rev. Mr. H., to visit Mrs. H., of Boroughbridge, six miles distant from Ripon, a widow, who had been ill and confined to her house for a considerable period; she said she was dropsical, and expressed a desire to have the fluid evacuated, if I thought she could with safety undergo the operation. When I saw her, her appearance indicated that she was suffering from the effects of serious disease. She gave me the following statement of her complaint:—

She had been ill nearly four years, during which time she had experienced great suffering. She had been under the care of numerous practitioners in the neighbourhood, all of whom had given up her case as hopeless. About four years ago she found her health giving way; her appetite began to fail, and she lost her flesh and strength rapidly. She then perceived her body getting larger than was natural, and thought she could feel something hard on the left side of the abdomen, from which at times she experienced great pain. Her bowels had been for some time much relaxed; she had passed but little urine; her body had continued to increase in size, and had become such a burden to her that she could bear it no longer.

On examining her, the following symptoms presented themselves:—She was emaciated in the greatest extreme; her countenance pale and anxious; her breathing very laborious; she had a short, tickling cough, without much expectoration; her pulse was 135; the catamenia had disappeared for upwards of two years; the abdomen was so enlarged that it overhung the knees to a considerable extent; at the umbilicus was a large tumor, of an orange shape, and in appearance nearly transparent, in the centre of which were evident marks of ulceration taking place, with a view to the outlet of the fluid. This appeared to be formed by the peritoneum, which had been forced through the umbilicus by the large collection of fluid within. She also told me that she had not left her house for more than eighteen months, and had, during that period, been obliged to be assisted up and down stairs by her neighbours. Such was her situation, that I told her I much doubted whether she would be able to undergo the operation; but she begged of me to relieve her if possible, saying that she could only die from it, and that death would terminate her sufferings.

She was assisted up stairs to her room by two friends, and, after the usual preparations had been made, I punctured the abdomen, midway between the pubes and umbilicus. During the progress of the operation she was supplied with good brandy and water, which greatly revived her. She went through the operation much better than I had anticipated, and expressed herself much relieved; she was then placed on her bed. On my examining the abdomen, I found an enormous tumor, the size of an adult head, occupying the left side, a little above the anterior superior spine of the ileum, of an irregular shape, perfectly hard, and appearing to give her great pain when pressed on. From its situation, and the symptoms attendant upon it, I considered it to be a disease of the left ovary. A long flannel bandage was passed round the abdomen; she was ordered to keep perfectly quiet, and to take the following remedies:—

Blue pill, three grains;
Powdered squill, two grains;
Powdered digitalis, one grain;
Opium, half a grain three times a-day. With two tablespoonfuls of a diuretic mixture.

These she continued for three weeks without much benefit. I then ordered her to take fifteen drops of the compound tincture of iodine thrice daily, and to rub the ointment of iodide of lead over the abdomen night and morning.

But from this proceeding she obtained little or no relief. The fluid began to increase rapidly, and on the 20th of September I tapped her a second time, taking away seventy-five pints, being three pints more than what was evacuated on the first occasion. The fluid was perfectly clear and aqueous; the tumor appeared rather diminished in size, but still painful. I now prescribed for her the ioduret of iron in two-grain doses three times a-day, and ordered her to continue the ointment. After taking this about a month, there appeared evident signs of amendment in her general health, but the fluid began again to accumulate, though not so rapidly. On the 5th of December I again performed the operation, taking away sixty-

five pints. The tumor now appeared much less, and not so painful to the touch. She was ordered to continue her remedies, and to take three grains of the ioduret of iron thrice daily, as she appeared to be improving under its influence. Her cough was much abated, the breathing more free, her appetite improved, the bowels more regular, and the urine much increased in quantity; the pulse was reduced to 105; in fact, her general appearance was greatly altered for the better. I saw her again about a month after; she had regularly taken her medicine, and was much improved in appearance, but the fluid was evidently on the increase. I requested her to persevere with her remedies, and to let me know, should the fluid again require to be evacuated. Early in April the Rev. Mr. A., who lives opposite to my patient, called upon me, and told me that a very curious circumstance had occurred, which was, that my patient had literally burst, and flooded the room in which she was sitting. He had come over purposely to request I would go over and see her, which I did. On my arrival I found what he had told me was really the case; the tumor at the umbilicus had given way, and a great portion of the fluid had escaped. The neighbours were so much alarmed that they sent for a medical practitioner in the town; he readily attended, and secured the part with strips of adhesive plaster and a bandage. On examination I found that the tumor at the umbilicus had given way at the part where the ulcerative process had commenced; I secured it by means of a pyramidal plaster and bandage, passed several times round the abdomen. The tumor in the abdomen had diminished considerably; her cough had nearly disappeared; her breathing was perfectly free; the pulse was reduced to 95, her appetite good, the bowels regular, and the secretion of urine much increased; her general appearance was altogether much improved. I advised her to continue the medicine, increasing the dose of the ioduret to four grains thrice daily until I saw her again, which was in the beginning of May; she was then better, still the fluid had increased in some degree, but not to the extent it had done on former occasions. The tumor was diminished in size. She was ordered to persevere with her remedies.

I saw her again in June; she was so altered in her appearance that I scarcely knew her as the same individual. She said she had walked, on two or three occasions, about half a mile out of the town, and could make herself useful in the house, which she had been unable to do for upwards of three years. The fluid had considerably diminished, and the tumor also. I still requested her to persevere with the remedies, which she did until August, when I had the pleasure of seeing her at my house (in Ripon), so much improved in appearance as quite to astonish me. Once pale and emaciated in the extreme, she now bore the aspect of an individual in the enjoyment of sound health. I again examined the abdomen, and found the enormous tumor diminished to less than one-fourth its former bulk; the fluid had entirely vanished; the catamenia had appeared on two occasions; her cough had entirely ceased; the breathing was perfectly free; the appetite good; her bowels regular; the pulse natural; she had recovered her usual muscular appearance, and said she had not been so well for some years. She had been out making hay during the summer, and felt no inconvenience from it. I advised her still to take one dose of the ioduret daily, which she did for some time.

She called upon me the following spring, and was in the enjoyment of good health. She told me that she had done all the work in the house for some time, had got up in the mornings at two o'clock to wash, and that she thought of commencing a school for the benefit of herself and children. I have seen her twice since the above period; the last time was on the 13th of September. She said that she continued quite well; the abdomen was reduced to its natural size; she is capable of undergoing her accustomed avocations without inconvenience; in fact, she declares that she never was in better health.

I should have given a more minute detail of the progress of this patient; but fearing I should occupy too great a space in your valuable pages, I thought it best to abridge it as much as possible.

Ripon, Oct. 6, 1843.

REMARKS ON DILATATION OF THE BRONCHI AND AIR-CELLS: DR. G. C. HOLLAND'S VIEWS.

By J. S. Waterhouse, Surgeon, Sheffield.

The reply of Dr. Holland to our strictures on his peculiar views, relative to dilatation of the bronchi and air-cells, calls for a few observations. A more full enunciation of those views only more distinctly shows how untenable is their nature; and in his somewhat prolix attempt to defend them, he has laid himself open to a criticism far more severe than we are competent to undertake. The arguments which he adduces, if they serve his cause, must certainly have an ambidexterous faculty, for, in the eyes of any one else, they would seem in direct opposition to it.

We yield to none in respect—nay, veneration—for those great and honored names who have contributed to place medical literature in its present proud position, and have stamped on it the impress of the most transcendant genius; nevertheless, the interests of science require that such feelings should be merged in a zealous desire for its advancement, and that when we meet with error, though it be connected with great names, we should, if possible, strip it of all adventitious embellishment, and lay it bare in its its naked deformity. The *argumentum ad verecundiam* is one of a dangerous character, since the history of science has taught us that men of the most comprehensive and erudite minds have at various times maintained the most crude and inconsistent dogmas.

The point at issue between Dr. Holland and ourselves is simply this:—He maintains that dilatation of the air-tubes is caused by the mere mechanical influence of an increased quantity of air being introduced into the lungs in a given time, and that this increased capacity is according to the "law in the animal system, that the development or enlargement of an organic apparatus is according to the exercise of it." We, on the contrary, expressed an opinion that he had not given this law a sound and proper application; also, that the morbid state referred to re-

quired other conditions before the air could operate so as to dilate them. He says we have not clearly apprehended his views. This plea may be left for as much as it is worth, being a very common one, and frequently urged by the propounders of strange doctrines. There is nothing abstruse about them; they have two qualities—simplicity and error. He has strained the application of this law, given it a scope which it was never intended to have, and placed it where it has no jurisdiction. We maintained that the law referred only to the increase of *structure*, not of mere *capacity*—that its strict application was to *nutrition*, and that all development of *cavities* was a contingent, secondary, and not essential circumstance.

He even admits that an increment of space is "not an invariable result, but it is the rule rather than the exception." There may be an exception to a *rule*, but not to a *law;* one deviation, and it ceases to be a law. Dr. Holland thinks we have "overlooked the comprehensive character of this law," and that if we "had had an enlarged and just conception of the universality (?) of the law, a higher spirit of philosophy would have pervaded" our strictures. Unfortunately, "enlarged" conceptions are frequently anything but "just," and such "enlarged conceptions" too often run riot in the wide field of speculation, instead of adhering to the beaten track of sound induction. As illustrative of the comprehensive character of this law, we have the following:—"We had previously imagined that, when the principal artery of a limb is tied, the subordinate arteries take upon themselves additional action, in consequence of which they acquire a capacity several times greater than what is natural; that a vein, in cases of long-continued congestion of the venous system, has its capacity considerably increased; that the bladder in individuals who, from peculiar circumstances, frequently neglect the first suggestions of nature, has its capacity also permanently enlarged; that the stomach in gross feeders, and in persons whose pursuits, from the position of the body, interrupt or long retard the process of digestion, presents generally the same condition; and, lastly, that the heart, from inordinate action, is, in numerous instances, not only enlarged by the addition of new matter, but its several cavities likewise acquire additional capacity—in other words, exhibit an *increment* of space; indeed, this increment of space is the remarkable condition in passive aneurysm of the heart."

In disposing of this formidable array of argumentative evidence, it may be observed that there is the strictest analogy between the cases here adduced and the dilatation of the bronchial tubes, as to the mode of their production—viz., the exercise of a mechanical force independent of, though connected with, the exercise of the especial function of the part. The instance of the artery, we admit, does apparently tell against our doctrine; but it is more plausible than real. We prefer Dr. Holland to argue our cause. He says, in a succeeding column, "Neither the heart nor any part of the system is dilated by its own activity; the activity is always conjoined with another circumstance—the blood; and when the heart or any given artery loses its tone, or when the force exerted on the parietes from within is great, the subsequent dilatation is the consequence of this force. So it is precisely with the bronchial tubes." This is enough. Such arguments are "fathers when for, children when against." He has unwittingly saved us the trouble of convincing him of his error. Assuredly he is in a dilemma; let him choose his horn.

In cases of "long-continued venous congestion," where the capacity of the veins is considerably increased, we submit there is no *increased* exercise, but a diminution. The veins are carrying, not containing, organs; so also with the bladder. Its especial function is by its contraction to expel the urine, and, where it becomes distended, it is from a diminished exercise of that function. Again, when any pursuit "interrupts or long retards the process of digestion," and thus causes expansion of the stomach, is that an increase of the function of the organ? And as for the heart, he has shown us that when it is dilated, it is from the influence of a mechanical force operating on its diminished tone. He adds, "Why an increment of space should occasionally take place in the heart, bladder, or stomach, without being accompanied by a corresponding development of parietal structure, is not easy satisfactorily to explain." We cannot, under correction, help saying that the explanation is as easy as any explanation can be which has reference to vitality. Dilatation of the heart may exist with *increased* development of structure, rendering the walls thicker than natural, or they may be of the same thickness as in health, there being yet an hypertrophied state; or with a *diminished* development, rendering them thinner than natural, which class also resolves itself into two kinds—viz., where the nutrition is equal to what it is in the normal condition—the heart being merely expanded—and where there is an actual defect in nutrition. In the latter case there is a diminished tone of the part, whereby the vital tissue is incapable of withstanding the mechanical impetus of the blood. Where this tone is healthy, the heart labors to overcome the obstacle, and from this very activity we have increased nutrition. The thickness of the walls, and the size of the cavities, will thus depend on the comparative ratio of force and vital resistance.

The consideration of the influence of the vital state of any organ, in reference to the operation of mechanical force, brings us to note Dr. Holland's remarks on our opinion of the cause of dilatation of the air-tubes. He regards the increased quantity of air brought into the lungs as the sole cause. We maintained that an alteration in the nutrition of the part was a primary cause, and spoke of a loss of elasticity in the non-muscular tissue from irritation, and in the muscular a loss of tonicity from want of nervous influence. He says, "These distinctions are pure assumptions on the part of the writer." We regret to see this statement. It can hardly be said to be consonant with the pathology of pulmonary disease, as ascertained in recent years. We shall not, however, occupy the pages of this Journal by filling a dozen columns with quotations to prove this. The readers of Andral, Stokes, and Williams, know whether these are *our* "assumptions" or not. We are highly flattered by the imputation, and, if we are in the wrong, it is in a goodly company. Dr. Holland will find in Dr. Stokes' writings our assumptions word for word.

Previous to dilatation of the air-tubes and cells, it is well known that for a long time the structure of those parts is in an irritable and inflamed condition. Indeed, Dr. Holland, describing the dilatation to the influence of the cough, presupposes the operation of other circumstances; and surely it is no great assumption to suppose that they will be altered by extensive diseased action. It is much to be questioned whether, in the normal state, the air, however powerful its impulse, would dilate the tubes, since, before such could take place, the thin structures of the cells would give way. He says, "The muscular tissue does not usually lose its nervous energy from excited action." It does when that excited action is long continued; irritation and inflammation first exalts and afterwards injures the contractile power of hollow organs. Indeed, there can be but little doubt that the loss of this contractile power is the cause of the difficulty of breathing and expectoration. Laennec observed, that in the case of persons who died from suffocation in sewers, that the lungs were very much distended, and would not collapse. Dr. J. C. B. Williams thinks that this may be owing to the paralysing influence of the sulphuretted hydrogen on the muscular fibres—a supposition not at all improbable. Mr. Swan found that when the eighth pair of nerves were divided in the neck, the lungs were much distended with air—both of which facts are in accordance with the opinions before stated.

Analogical illustrations, if properly estimated, are of no little moment in scientific inquiry. The more we extend our views from particulars to generals, proceeding on a sound basis, disease hitherto so mysterious in its operations will become a more steady subject of philosophic investigation. It is a common principle that, in similar circumstances, the same causes will produce the same effects. The danger lies in mistaking things really different for things similar; but even this evil is outweighed by the consequent good. There is great similarity in the structure of all the containing organs in the body. There is generally a mucous, muscular, and cellular structure. It cannot, therefore, be regarded strange, on the axiom just laid down, if similar structures should be operated on in a similar way by the same causes. Dr. Stokes conceives that there is a strong analogy between the state of the bronchial tubes in dilatation and the intestine in ileus, the muscular tissue in both being the part affected—in which opinion he is joined by other writers. Dr. Holland seems somewhat amused at this. He cannot perceive the slightest analogy, even according to our views. He says, "The tubes, even if paralysed, are inevitably modified in form by every act of respiration. In inspiration they are expanded; in expiration they are contracted by the subsidence of the lung. It is scarcely possible to imagine any change in the structure of these tubes that would prevent them from being so influenced by the two acts of respiration;" and "to say that the air-tubes, modified in capacity by every act of inspiration, are analogous in their condition to the distended intestine, is to compare things so much unlike, we half suspect that some fine stroke of wit is intended." This is quibbling. The comparison made referred (and that Dr. Holland knows full well) to the abnormal state of the *structure* of the part, and not to the peculiar circumstances of their functional duty. The mere fact of a hollow tube having its capacity altered by being pressed on from without, or dilated from within, is nothing particular. The intestine in ileus, or any other condition, would be acted on in the same way. One thing is certain, that although he cannot imagine any change in the structure of the tubes that would prevent them being so influenced by the two acts of respiration, there is a change which prevents them taking their proper share in that function; and also that these tubes, when rigid and hypertrophied, have their capacity very little, if at all, modified by the entrance of the air, and that the operation of external pressure is materially diminished. As to the charge of witticism, we plead not guilty. Wit is not our forte, and, should we ever be inclined to exercise that faculty, we shall select other and more interesting topics.

The remainder of Dr. Holland's remarks will not admit of criticism, being merely a repetition of the same opinions.

Our manner of expression does not seem to suit him. There is a bit of sly satire in placing the word "increment" invariably in italics, giving to it such a painful notoriety. However, he may rest assured that we can lay no more claim to the coinage of that word than to the "pure assumptions" whose paternity he generally awards us. We cannnot hope to acquire that purity of diction and elegance of style which so uniformly marks his language; and although we feel that we can say of him, what Cicero said of one of his old friends, "*Qui sermo!*" we regret we cannot add, "*Quæ precepta!*" Like the Thyrsus of the ancients, his writings generally carry a weapon beneath the foliage; somehow its edge has become blunted. Indeed, highly as we respect Dr. Holland, and regard him as one who has done some good service to medical science, truth compels us to say that his recent communication is pervaded by a strange laxity of reasoning; an undue appreciation of some facts, an erroneous estimate of others; and this combined with an apparent unwillingness to receive as true, principles which more extended observation, and a better philosophy, have brought to light.

OBSERVATIONS
ON
MALIGNANT PUERPERAL FEVER.

By William England, M.D., Wisbech.

Since the first publication of the Provincial Medical Journal, its readers will have met with few cases of more painful interest than the five consecutively fatal cases of puerperal fever detailed by Mr. Fisher, of Bungay. Any medical man may have the misfortune to be suddenly called to witness a disease, no less destructive in its progress than the Egyptian plague or the Oriental cholera. Happily, puerperal fever of the malignant type seems to visit us at very distant intervals of time, the usual peritonitis which succeeds now and then the state of parturition being under the control of the ordinary antiphlogistic measures of treatment. Were it otherwise, the pyrrhonist would have ample grounds for scepticism as to the actual utility of our art. Like the soldier or sailor, the practitioner of me-

dicine must or should have a mind disciplined against the approach of danger; and nothing will more contribute to that effect than the constantly bearing in memory the axiom of Abernethy—"that we should pack up our knowledge as we go along, so that when we are asked for it we may know where to find it." Nothing is so perplexing in the hour of trial at the bed-side as the conflict of authorities. A striking illustration of this is the "quæstio vexata"—puerperal fever. The various authors quoted by Mr. Fisher seem to have afforded anything but a satisfactory guidance to his practice—anything but a lucid explanation of the results. Another work, the most valuable monograph on the subject in the medical literature of this country, should form a portion of every medical library—the first volume of Dr. R. Ferguson, of King's College, on the most important diseases of women, being an essay on puerperal fever. This small unexpensive volume is a complete "resumè" of all that is known upon this intricate subject, and is worthy, in the spirit of Bacon, of being not merely read, but "chewed and disgested." To his essay, Dr. F. has appended a lecture "on the method of induction, and its results in medical science." This lecture is beyond all praise. The most logical inference as to the nature of *this malignant disease*, is, that it *owes its origin essentially to a vitiation of the fluids.*

In medical reasoning, many a worse deduction has been drawn than Cruveilhier's presumed analogy between the uterine surface after parturition and an amputated stump. Besides, the contracted, one-sided notions hitherto prevalent on the treatment of what is conventionally termed inflammation, must soon yield to a more extended knowledge of the fluids, particularly of the blood, the "chair coulant" of Borden—the "vital fluid" of John Hunter, in a state of disease. Data furnished by the accomplished animal chemist may possibly hereafter solve the mysterious pathology of malignant diseases which the genius of solidism has failed to elucidate. In all diseases arising from animal poisons, a little leaven leaveneth the whole mass of fluid; of what possible avail, then, is the abstraction of a few ounces of the vital fluid, when every particle of the blood is probably under the disorganising influence of the poisonous leaven. The result must necessarily be such a diminution of the vis vitæ, as to obviate any chance of a salutary process, progressively leading to a favorable termination. Inflammation, when present is not an essential part of malignant puerperal fever, but merely intercurrent. As well might we attempt to cut short variola or typhus by the means of bloodletting. During the last puerperal epidemic fever in Edinburgh, in 1823-4, so great was the panic among obsteric practitioners who adopted the pathology and treatment of Hey, Gordon, Armstrong, &c., that even Dr. Hamilton, professor of midwifery in the University, fled to Paris in dismay, and abandoned for a time his extensive practice. Those who were members of the Royal Medical Society, soon after that period, will remember the sensation produced by the plan of treatment detailed by Dr. Richmond, assistant accoucheur to Dr. Thatcher. Under this methodus medendi, the malignant epidemic became more manageable. Dr. Richmond's plan of treatment was as follows:—At first, copious enemata of castor oil and oil of turpentine, if the bowels were constipated; then, anodyne enemata (tincture of opium, two drachms in each), repeated till the pain ceased; fomentations to the abdomen, and a stimulating liniment of liquor ammoniæ, tincture of lytta, tincture of opium, and olive oil, rubbed all over the belly. After constipation was produced, diaphoresis was encouraged by repeated doses of Dover's powder, with powdered antimony; neither bleeding nor leeching was employed as long as the epidemic lasted. A kind of corollary to the treatment pursued by Drs. Thatcher and Richmond will be found in the work of a surgeon of credit, practising formerly either in the counties of Suffolk or Essex.* This gentleman (whose name has escaped my memory) published some years since, a remarkable series of cases, as far as external symptoms went, of unequivocal abdominal inflammation, treated with great success, chiefly by means of opiate enemata, without having any recourse to veniesection, bleeding, or cupping. With the intelligent author, Mr. Fisher, "I should as soon expect to cut short typhus with the lancet, as to cure malignant puerperal fever by bleeding."

A rational empiricism must be, "per sæcula sæculorum," the fate of practical medicine. The routine habit of bleeding indiscriminately in apoplexy is likely to be ameliorated in the hands of those whose moral courage will put to the test a diametrically opposite treatment; and in the language of Dr. Abercrombie, the upholder of the ancient doctrine, we may say, "It is doubtful whether, in any case, we can be properly said to act upon experience, as we do in other departments of science; for we have not the means of determining with certainty that the condition of the disease, the habit of the patient, and all the circumstances which enter into the character of the affection, are in any two cases precisely the same; and *if they differ in any one particular, we cannot be said to act from experience, but only from analogy.*"—*On the Intellectual Powers—Medical Science*, p. 405.

Wisbech, Nov. 7, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, NOVEMBER 11, 1843.

Last week we had purposed to lay before our readers a few observations on the general state of what is sometimes called the *chemical profession*, and on the inexpediency of conferring, on the individuals composing it, the semblance even of a document which is generally supposed to denote a qualification for medical practice. We were betrayed into an episodical narrative of Mr. Richard Phillips's adventures, whilst investigating the purity of drugs and the qualifications of their vendors, but we now resume the original thread of our discourse.

We think that any one, who judges fairly of the objects and intentions of the Pharmaceutical Society, as they are set forth in the pages of the "Pharmaceutical Journal," must readily acknowledge that

* Was it not Mr. Bates, of Sudbury? An abstract of his pamphlet may be found in the appendix to Dr. Ferguson's work on Puerperal Fever.—Eds.

many of these objects are laudable in the highest degree, because calculated to enhance the respectability of the chemist, and his utility to the public. If such a share even of general and scientific information could be rendered imperative, as would ensure a familiar acquaintance with the English language, with as much Latin as suffices to translate a prescription grammatically, and with chemistry enough to know the common properties of bodies, and the *rationale* of their mutual actions, it would be incontrovertibly a great step in advance; for certainly the great bulk of chemists, as now existing, are about the most illiterate class of tradespeople, and most profoundly ignorant on the very subjects of their trade. But the benefit would be immense were the chemist to receive such a complete course of instruction in chemistry as would enable him to prosecute researches into the composition and properties of medicinal substances, and to devise means of increasing their variety, and of ensuring their certainty and efficiency.

By following this path, which has been so honorably and usefully pursued by Battley, Squire, Morson, Bullock, and others, to whom every medical man is grateful for their elegant and serviceable additions to his list of remedies, the chemist would not only be a valuable member of the community, but would take high rank as well in the scientific world. We can imagine no professional man, to whatever department of the healing art he may apply himself, who is more to be respected than the scientific chemist, who occupies himself with the selection of drugs of the best quality, and the preparation of medicines, in active and convenient forms, for the use of the practitioner, and who adds to these sources of income the preparation of prescriptions, not to mention the sale of good drugs, and the long list of apparatus and other things required in the sick room.

But, taking chemists as a mass, this is precisely the department of their business which they are most incompetent to follow, and which brings them the least remuneration. To expect from a common chemist any results derivable from a knowledge of the chemical nature of bodies, is equivalent to expecting a man to converse fluently in a language of which he does not know the alphabet. And not only that, but there are very few, indeed, who could afford to derive their income solely from the sources we have pointed out.

The evils of excessive competition, arising partly from the immense number of chemists, who emulate our own brethren in the mushroom rapidity with which they everywhere spring up, and partly from the sale of drugs by grocers and oilmen, and the absurdly low prices at which drugs are vended and prescriptions dispensed, render it necessary for the chemist to seek for other means of emolument besides those to be derived from the exercise of his legitimate business.

As the "Pharmaceutical Journal" has most justly and forcibly pointed out, the prices charged for medicines are utterly inadequate to pay for the care and skill required in their preparation. It is absurd to expect that a man who lives by selling drachms or ounces can afford to be content with the same per centage of profit which would be most lucrative to the dealer in hundred weights. That hacknied maxim of political economy, which teaches us to lower the price in order to have a more abundant sale, is quite out of place here. A laboring man might use twice as much tea and sugar if the price were lowered, and the merchant be the gainer by the reduction. But it is in vain that men sell carbonate of soda at one shilling a pound, or Seidlitz powders at ninepence a dozen. The consumption of these articles never can increase sufficiently to compensate for the reduction of their price. No man would be tempted to take an unnecessary dose of jalap, although he could get it for nothing. A pound of Epsom salts will not be used a whit the more lavishly whether it cost sixteenpence or sixpence, at which latter price some foolish chemists sell it.

If the selling price of drugs does not afford a remunerating profit, it needs no magician to divine that but little attention can be paid to their quality, nor is there room for wonder that cheap drug lists should be circulated, offering articles for less than they can honestly be made for. We believe there is not a chemist of the ordinary stamp in the United Kingdom who has not a private book of recipes for making almost every compound at a cheaper rate than they could be made for by attending to the Pharmacopœia. Expensive compounds are fleeced of a proportion of their more costly ingredients; tinctures are made with a weaker spirit; black draughts are disguised with treacle, to hide the absence (not the taste) of senna; for how else, indeed, could a man sell tincture of rhubarb at twopence an ounce, paregoric elixir and nitric æther at threepence? We were ourselves told by a manufacturing chemist of a way of making nitric æther by merely adding the acid to the alcohol, and letting it stand, without distillation. Then, where an infinity of articles are kept which are used in very small quantities, some of them perhaps very seldom, and some, such as vegetable extracts and powdered leaves, not keeping good for any long time, how can the chemist afford to throw them away when spoiled?—how can he be paid for this unavoidable loss?

The natural result of this state of things is, that the chemist is driven to other sources of income, and in particular to two.

The first of these is the sale of articles of purely fictitious value—bears' grease, hair oil, fancy soaps, and perfumery—most of which yield an immeasurably greater amount of profit than the proper articles of the drug trade. But the folly and injustice of the

prices paid for medicines is apparent enough when they are placed side by side with the prices of these luxurious trumperies. A lady expects a dozen of pills for fourpence or sixpence; and a mixture, containing perhaps quinine and a large proportion of tincture, for fifteen pence or two shillings; but she does not begrudge a much larger sum for a bottle of gum-water to fix her hair, or for some scented grease, or a cake of perfumed soap.

The necessity which there is for carrying on these branches of trade in the chemist's shop is injurious enough to his character and prospects in a scientific or professional point of view. He looks on his medicines only as things by which money is to be made; he has no inducement to prefer a good drug, if costly, to a cheaper one which is good for nothing. His customers cannot tell pure iodide of potassium from a rubbishy mass, half carbonate of potash; they cannot know that his laudanum is made with half opium, half horsedung; shredded beef is like saffron in their eyes; he has no outward check, and inwardly the whisper of conscience is not heard amidst the clamour of mouths who must be fed.

He has not the same motive for ensuring the purity of his medicines that the general practitioner has. The latter knows very well that, whether he promises sleep or purgation, the promise must be kept; his professional character and his bread depend on his producing change of symptoms and relief to pain; and, besides, even were he to adulterate his drugs, he would know how to proportion the dose to produce the desired effect. But the cheap chemist makes up a prescription with inferior drugs, and the unlucky customer takes it, none the wiser, and laments the inveteracy of his malady, or blames the ignorance of his physician.

Let it not be for a moment imagined that we wish to cast an unjust slur on the chemist, who is compelled by circumstances to derive part of his livelihood from a miscellaneous trade in anything which his customers will buy. We lament it; but necessity is no crime in our eyes. A man who is grocer, oilman, tea-dealer, and hatter in a country town, as well as chemist, is quite as respectable as the possessor of a mahogany and plate-glass shop-front in Bond-street. The probability is that, in professional knowledge, they are pretty much on a par. One was apprenticed for forty pounds, the other for four hundred guineas; one is able, by local circumstances, to limit his business more strictly than the other; but both alike are tradesmen who sell goods, not professional men who sell their skill. But, viewing things in the abstract, we cannot help condemning this miscellaneous trade, because the learning and practising it occupies all the time, which might, under a better system, be devoted to the acquirement of scientific knowledge and its application to the wants of life.

The second source of income which we referred to as one of the two which must be superadded to the not otherwise remunerating vocation of a chemist, is the *treatment of disease*. It is of no use to disguise the fact by any circumlocution—it is of no avail to say that people merely come in and ask the chemist to recommend them some drug that will do good to a cough, just as they would ask their tea-man or wine-merchant what particular article he could recommend as likely to suit their palate. The fact remains, that the treatment of disease is carried on over the counter by persons profoundly ignorant of the uses of the two-edged tools they play with.

There are not two kinds of medicine. It is impossible to acknowledge two degrees of medical knowledge. We cannot grant that one kind of qualification suffices to treat the incipient ailment, another the confirmed and perilous disease. There is not one kind to be carried into the sick chamber, and another to be retailed across a counter. There is not one kind for the nobleman that sends for the court physician, and another for the shivering wretch that creeps with a few pence to the nearest chemist's shop. The safety of the public forbids us to recognise in the chemist anything more than the chooser, buyer, seller, and compounder of drugs. A course of lectures on materia medica and chemistry, and a decent knowledge of Latin—nay, add to these the chemical lore of Bullock, or the pharmaceutical skill of Battley—leave him as unfit as ever to meddle with human health and life.

Besides, it would be of no use to recognise the chemist as an inferior practitioner. He could not add the price of his medical knowledge, however meagre, to the price of his medicines. His enemies, the grocer and oilman, would step into his place, as they are rapidly doing; tincture of rhubarb, cough lozenges, and Seidlitz powders, would always find a place between the tea chest and the sugar barrel.

But the diploma of the Pharmaceutical Society, if it does anything, will be made use of to increase the claims of the druggists to the confidence of the public as guardians of their health, as curers of petty ailments, as prescribers for those who cannot afford, or who do not choose to pay the regular practitioner. This is the use which is greedily made of it by the suburban prescribing chemists; and the use of it which the Pharmaceutical Society sanctions is in effect the promotion of the druggist into a petty practitioner. Hence, the readers of the "Pharmaceutical Journal" are told to have their knowledge ready, because they are liable to be called on to bear testimony, in courts of justice, to the qualities, doses, and effects of medicines, and the symptoms of poisoning; and they are warned that "a neglect of that education, which alone can qualify a person for giving such evidence, ma entail upon him much discredit and mortification."

We believe it perfectly impossible to introduce into this free country, where every person does what he likes with his own, the system which is adopted in Austria, where the chemist makes up prescriptions solely; being restricted from every attempt at practice on the one hand, and protected on the other from the competition of lower tradesmen. The English chemist could not be prevented from prescribing; nor is it, under present circumstances, desirable to interfere with him in any way. Quackery should be put down, not by legal enactments, but by enlightening the public mind, and showing in everyday life the difference between the competent and incompetent practitioner.

We have thought it our duty to call the attention of our readers, and through them of the public, to this attempt of the Pharmaceutical Society to elevate an ignorant body of tradesmen into a position which will enable them to be even more mischievous to the public health than they are at present. Conceding, as we do, the necessity for some efforts to render them more deserving of confidence in their own particular department, and the great advantages that would arise were their energies directed to the improvement of pharmaceutical chemistry, we must protest against any effort to convert them into inferior practitioners of medicine, or to encourage their abominable traffic in the health and lives of the poor. We do not speak so warmly on this point from prejudice, or from vague impression; but from the knowledge of repeated instances of mischief which have occurred within our own observation. Poor wretches profusely salivated for scrofulous swelling of the inguinal glands, or for gonorrhœa or excoriations; villanous combinations of calomel, gamboge, and other drastics for the cure of syphilis; soothing syrup for the screams of incipient hydrocephalus; some heating mess called pectoral drops for incipient consumption; some debilitating compound of calomel, aloes, and jalap, called bilious pills, for the indigestion of weakly, half-starved sempstresses and artizans:—these are cases that must have come under the notice of most practitioners. And these evils are not the less likely to happen because the ignorant chemist has a mock diploma, or because he eats bread and butter with a few popularity-hunting physicians once a-week in Bloomsbury-square.

REVIEWS.

A Practical Treatise on Organic Diseases of the Uterus; being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for 1843. By JOHN C. W. LEVER, M.D., Assistant Accoucheur at Guy's Hospital, &c. &c. London: Longmans, 1843. pp. 240.

The position which Dr. Lever holds at Guy's Hospital, and which brings every week from one to two hundred out-patients suffering from diseases of the womb under his personal inspection, must have given him no inconsiderable opportunity of becoming acquainted with every conceivable variety of those diseases; and it is not to be wondered at, that when the Medical Society of London proposed the Organic Diseases of the Uterus as the subject of the Fothergillian prize essay, Dr. Lever should be induced to compete for the prize, and should compete successfully.

The work before us, which consists of the prize essay, with some slight alterations and additions, is divided into three parts: the first treating of inflammation of the uterus, with its varieties and consequences, such as enlargement, engorgement, &c.; the second of the specific diseases, including under that term polypus, fibrous tumors, and strumous tubercles; the third, treating of the malignant diseases, the cauliflower excrescence, corroding ulcer, melanosis, and the varieties of cancer. We propose to turn over Dr. Lever's pages rapidly, and to make such notes in our way as may be of service to our practical readers, and enable them to judge if the work is adapted to the wants of their book-shelves.

In the introductory remarks he considers the methods of examining the affected organ, by the touch, smell, hearing, and by the eye, aided by the speculum; and the different kinds of this instrument, and the methods of using them, are described fully and clearly. He makes a few statistical observations, also, the results of which show that functional and organic diseases of the uterus bear to each other the proportion of 65 to 34; that most cases of carcinoma occur to women who have labored in early life under suppressed or painful menstruation; that of those affected with organic disease, the married exceed the single in the ratio of 93 to 6; and that the predisposition to organic disease does not diminish the facility of conception, since out of 89 married women with the disease, only 8 had never conceived. "Thus the proportion of sterile women was 8·9* per cent., a very small proportion; for it is found that 1-20th, or 5 per cent., of all married women are unprolific." p. 5. The influence of existing malignant disease on the life of the child seems to depend mainly on its influence in retarding delivery.

In the first part of the main body of the work he treats of acute inflammation; and first of the unimpregnated uterus. This is a disease of by no means frequent occurrence, but is produced occasionally by cold taken during the period of menstruation, and by the use of strong astringent injections. There is one cause of this disease which we have witnessed, but which Dr. Lever does not notice.

Some time ago the application of mustard poultices to the mammæ was proposed as a remedy for amenorrhœa, on the principle of stimulating the womb by

* Here there is a manifest erratum in the original, this number being printed 0·9 instead of 8·9.

sympathy; which effect was certainly produced, although not in the manner desired; for two or three of the patients whom we saw so treated became affected with decided metritis, perfectly distinct in its characters, and requiring active antiphlogistic treatment.

Then follows an account of inflammation of the impregnated uterus both before and after delivery; in the former case caused by cold, mechanical injuries, or the attempt to produce premature labor; in the latter, by the use of styptic injections or rough mechanical attempts to check hæmorrhage, or by violence in the employment of instruments or in the operation of turning. He remarks that "women who have suffered from hysteritis do not often again become pregnant. This in most cases arises from closure of the Fallopian tubes, preventing the admission of the semen to the ovaries."—p. 39.

He gives a curious case of a large abscess on the right side of the womb, occurring in the sixth month of pregnancy, which burst into the vagina, and discharged three ounces of pus. All went on well, and the abscess healed in about three weeks; but the patient travelled some distance shortly afterwards. This brought on labor, and a highly decomposed fœtus was expelled. A twelvemonth afterwards she was again confined, and but little impediment was offered to the dilatation of the os uteri by the presence of the cicatrix.

We pass on to that much more common class of affections which depend on chronic inflammation, and here, *in limine*, we find Dr. Lever justly ascribing to the improper employment of the ergot much subsequent misery to the patient.

"I had under my care five females attended by the same individual, to all of whom he had given the secale, and who were affected by the same symptoms; central pains increased upon assuming the erect posture, by defecation, and micturition; tenderness above the pubes; thick white discharge, at times streaked with blood. There was considerable constitutional irritation, marked by a quick small pulse; heat of surface, alternating with chills; coated furred tongue; scanty, high-colored urine; thirst; loss of appetite, &c. On vaginal examination, the uterus was found to be enlarged, the os tumid and tender, and great pain was excited by pressing with the finger upon the cervix.

"The symptoms lasted for many weeks, reducing the patient's strength, and causing much anxiety to herself, her friends, and the medical attendants. Patients who have thus suffered, in my opinion are not prone to re-conceive; and not unfrequently the pathological changes produced in the structure of the uterus serve as a nidus for the deposition and subsequent development of malignant disease.

"The treatment of this form of the disease consists in the occasional topical abstraction of blood, by cupping on the loins, or by leeches; these seem to act more favorably when applied to the os uteri itself; the use of anodyne injections, as those of conium and poppy; the administration of alterative purgatives to prevent constipation; and salines, until the febrile excitement has been reduced. When this has been accomplished, mild bitter infusions, as the calumba, or cascarilla with liq. potassæ, and generous nutritious diet, will be found of great service. During the progress of the treatment the patient must scrupulously avoid sexual intercourse, as the disease is thereby aggravated; and in some cases I have known the husband affected with a discharge from the penis, in my opinion altogether produced by the unhealthy secretion from the uterus. After the active symptoms are subdued, the patient will derive great benefit from the use of tepid salt water baths, and a residence by the sea side will hasten the recovery."—p. 43.

Chronic inflammation, we are told, may terminate in hypertrophy, in engorgement, in induration, and in simple ulceration. In the treatment of *hypertrophy*, Dr. Lever applies leeches frequently, twice in the week; he gives, at the same time, a mild mercurial course, and believes that neither the leeches nor the mercury, singly, have anything like the efficacy which they exhibit when employed in unison. Of all the preparations of mercury, he prefers the protiodide, in sufficient doses, twice daily; he directs the patient's strength to be kept up by a bland, nutritious diet, the primæ viæ to be kept clear, and mild tonics to be administered.

By *engorgement* is meant a varicose, distended state of the uterine vessels. The uterus, when visually examined, has a livid appearance. The treatment consists in occasional leeching; astringent injections, such as a solution of alum, two drachms to the pint, or the liquor aluminis comp., with half the quantity of sulphate of zinc; a solution of one drachm of sulphate of iron to a pint of water; or the decoctions of oak bark, or tormentilla. Tonics and sea-bathing are also useful.

Induration, he observes, is a very common effect of inflammation, and must not be confounded with incipient organic disease.

"Induration, the result of chronic inflammation, may be known by its regular feel, and by the history of the case. In most instances there has been the creamy discharge, or, to use Sir C. M. Clarke's words, 'a mixture of starch and water made without heat.' Induration, the commencement of malignant disease, is in nodules, the malignant depositions being generally secreted in central patches. It must not, however, be forgotten that malignant disease frequently establishes itself in the mouth or neck of a womb that has become indurated by long-continued chronic inflammation; and although we cannot say that the one is the cause of the other, yet it is very certain that when induration is allowed to go on unheeded, or even when it is stationary in many cases (as in the mamma), malignant disease will be developed at that period of life when the catamenia take their departure.

"Sometimes the induration is confined to one limbus of the os uteri, and, when this is the case, the

anterior is more frequently found to be enlarged than the posterior. This, I have no doubt, is caused by its position rendering it more exposed to those causes which induce inflammation. If the induration exist in the anterior lip and cervix, the patient will have frequent calls to pass her urine, and at first the excretion will flow with difficulty; but if the induration and enlargement exist in the posterior section of the os uteri, difficulty will be produced in defecation, and tenesmus will be the result; and it is this distress which sometimes excites the suspicion of stricture of the rectum.

"Induration of the os or cervix uteri is occasionally a cause of obstructed labor, preventing its dilatation to a degree sufficient to permit the passage of the child. When this disease exists, the menstrual periods not unfrequently are marked by great pain, the leucorrhœal discharge being always thick and creamy for two or three days after the disappearance of the catamenia, and again assuming a thin appearance until the return of the next catamenial flow."—p. 64.

In the treatment of induration Dr. Lever recommends the proto-iodide of mercury with light tonics, and leeching only if required for remaining vascular excitement.

Simple ulceration, as a sequel of inflammation, is apt to be overlooked, from its superficiality, and from not being readily detected, except by a very well educated finger.

"In many cases it resembles a cut surface; in some it is thin, shallow, and not deeper than the mucous membrane; whilst in others, and those of not very unfrequent occurrence, the ulcers will bleed upon the slightest touch. This disease is generally preceded by symptoms of inflammation, marked with shiverings and reaction, with fever, accompanied with a dull pain, sensation of lumbar dragging, and a weight in the anus. The pains are generally augmented at every menstrual period; there is itching of the external parts; mostly a leucorrhœal discharge, varying in color and consistence, but usually yellow and streaked with blood. The posterior limbus of the uterus is said to be more prone to ulceration than the anterior: the disease, however, may attack either limbus; it may attack but one, or it may be found in both at the same time. These ulcerations vary in size from a pin's head to a shilling; they are found in all temperaments and at all ages after the establishment of the menses."—p. 68.

Causes.—They appear to be the result of inflammation, in most cases originally produced by cold occurring during menstruation, by the employment of irritating astringent injections, or by the introduction of foreign bodies, as in masturbation.

"*Diagnosis.*—They may be distinguished from syphilitic ulcerations by the regular hard edges of the latter, by the yellow sanious discharge, and in some cases assistance in diagnosis is gained by the 'moral character of the female.' Its limited extent and superficiality, its slighter constitutional effects, the absence of large bleedings, and the discharge, distinguishing it from the 'corroding ulcer;' while, from the malignant cancerous ulceration, it may be distinguished by the want of hardness from morbid deposit, by the nature of the pain, and the character of the discharge."—p. 68.

Perhaps Dr. Lever might as well have included the inoculation of the discharge amongst his diagnostic tests. The treatment he recommends comprises leechings, hip-bath, emollient injections of decoction of poppies or of conium, or marshmallows, laxatives, and sedatives; and, when the disease has assumed the chronic form, the application of nitrate of silver to the ulcerations, and tonics, sarsaparilla, alkalies in bitter infusions, a generous diet, and residence by the sea-side.

Under the head of enlargement of the glands of the os and cervix uteri, he treats of an intolerable pruritus which often follows inflammation, sometimes slight, sometimes amounting almost to nymphomania.

"Tactile examination fails to detect anything abnormal in the os uteri, although the finger is not unfrequently stained with blood; but, if the speculum be employed, we shall see upon the os uteri small granules, not unlike millet seeds, white and soft, seemingly vesicular, and generally in great numbers. In treating this affection, if there be local tenderness or inflammation, bloodletting by cupping or leeches will be of service, together with the use of emollient anodyne injections; if there be no tenderness the sulphate of iron, one drachm, dissolved in one pint of water; or the nitrate of silver, five grains, distilled water, one ounce, may be used as an injection, at the same time paying attention to the state of the general health."—p. 77.

We will now follow Dr. Lever in his observations on polypus uteri, of which he describes three varieties: the fibrous, the cellular (which is the rarest form, soft, lobulated, rough, and of a livid color when viewed through the speculum), and the glandular (which is supposed to be produced by a morbid enlargement of the ovula Nabothi). Having spoken of their mode of development, of their attachment (sometimes, he observes, a polype may have two or three stalks), and of the symptoms they present on examination; having added that the disease prevails in unmarried women more than in the married in the proportion of 7 to 3, he details the symptoms, which consist chiefly of hæmorrhage, discharge, and constitutional anæmia. He has found as many polypi sensible when touched as the reverse.

The diagnosis of polypus is next considered in a ninefold division: first, from pregnancy; secondly, from prolapsus uteri; thirdly, from inversio uteri; fourthly, from scirrhus of the os uteri; fifthly, from the fungous excrescences called *vivaces* by Levret; sixthly, from Sir C. Clarke's cauliflower excrescence; seventhly, from malignant fungoid growths; eighthly, from vaginal hernia; ninthly, from encysted tumors of the vagina, or between it and the rectum. He gives one instance in which a polypus adhered for three-fourths of its circumference to the walls of the vagina.

In the treatment, if the polype can be removed, it ought to be so.

"If the tumor grow from the cervix or os uteri, or if it grow from the fundus, and have passed through the os, or if the latter be so distended or dilatable, the operation may be performed. But if the os uteri be closed, and the tumor can only be just felt, our best endeavours must be directed to repress the fearful hæmorrhages, and to maintain the constitutional powers, which each successive attack of bleeding is still further reducing. With this view, we should have recourse to the internal use of astringent medicines, and, at the same time, employ cold astringent injections. When the hæmorrhage is very profuse, the practitioner should carefully look to the state of the bladder, as the pressure of the tampon generally prevents the proper evacuation of that viscus. Food of the most nutritious quality must be allowed in small quantities at frequently repeated intervals. In some cases, when the os uteri is beginning to be distended by the polypoid growth, I have known considerable advantage accrue from the exhibition of the ergot; the tumor has been expelled through the os uteri, and placed under circumstances fit for the operation. I have known such a result occur from an attack of vomiting, although I am not inclined to recommend the exhibition of an emetic for such a purpose. Some writers, as Dupuytren, recommend the cervix to be incised when there is a large tumor, and great difficulty in its expulsion. I have never met with a case requiring such an operation, although I have witnessed the propulsion of some very large polypi. The hæmorrhage which accompanies the disease generally relaxes the fibres of the uterus sufficiently to permit the transmission of the largest tumors. The free application of belladonna has been recommended by Boivin and Dugès, although, in my opinion, such a remedy is never necessary.

"In removing polypi, four methods of operation are recommended—1, torsion; 2, the operation by ligature; 3, the operation by excision; and 4, the operation by actual cautery."—p. 91.

Torsion is performed merely by twisting the tumor round and round with the finger and thumb, or suitable forceps, till it breaks off; of course this is only applicable if the stalk is very slender. For the ligature, he prefers whip-cord. The objection to excision is the hæmorrhage, but this may be counteracted by plugging the vagina. If, however, the stem of the polypus pulsate, it will be well to tie it before excision.

The next subject treated of is the non-malignant fleshy or fibrous tumor of the uterus, the symptoms of which are not often well marked till the mass has attained sufficient size to interfere mechanically with the functions of the bladder or rectum. Unless pregnancy supervenes, or some accidental injury is received, or the tumor produce great hæmorrhage, or becomes of excessive bulk, the prognosis, as regards the duration of life, is not unfavorable. As regards the removal of the tumor, although iodine, with occasional leechings, may do something—and it may in some rare cases be tied or excised—still, in most cases, attention to the general health is the only rule of treatment.

Strumous disease of the womb is rare, M. Louis having met with it only in 1 out of 358 cases. The following example is instructive:—

"I was once requested," says Dr. Lever, "to see a lady, twenty-six years of age; she had been married six days, and had previously enjoyed good health. After her marriage she took a long journey, and while some distance from home, in descending the stairs of an hotel, she felt a pain at the lower part of the abdomen. This pain did not leave her, and was associated with sickness, impaired appetite, &c. The bowels were regular, the pulse was excited, and sickness was complained of. She missed her next monthly period, and the sickness, if anything, increased; the tenderness of the lower abdomen became augmented, and her countenance became anxious. In about three weeks there was a decided fulness at the lower part of the stomach, and upon careful examination a tumor could be felt. The pain over the swelling was greatly increased by pressure; the sickness augmented; the emaciation increased; her appetite became less; and, notwithstanding tonics, iodine, &c., were prescribed, this young lady became decidedly worse. I consulted with two eminent physicians, and they concurred with me in opinion that this young lady was not pregnant, that the disease under which she was laboring was tubercular peritonitis, and the tumor in the region of the uterus was probably a large tubercle, or a cluster of tubercles. Vaginal examination detected the uterus to be completely fixed in the pelvis. Within five months from the period of marriage this lady died (without the menses having made their appearance), greatly emaciated. The immediate cause of her death was the giving way of the diseased intestines, and consequent effusion of the fæcal contents into the abdomen, causing peritonitis. Upon examination, the whole of the peritoneum was found to be studded with tubercles; attached to the uterus there was one of very large size, while, in addition, the whole of the structure of this viscus was completely infiltrated; in fact, the tubercular deposit appeared to be universal throughout the body. This case was remarkable, from the lady being very robust and stout, with rosy cheeks, &c., before her marriage, and from her being seized, ten days after marriage, with acute pains, which continued until her decease."—p. 132.

The cauliflower excrescence—a bright red, granulated, insensible tumor, growing from the os uteri, exuding a perpetual serous discharge, with frequent hæmorrhages, and, after death, disappearing, and leaving nothing but a mass of empty flocculi in its place—is also a rare disease. Dr. Lever has seen only three cases of it, whereas he has seen 350 of cancer of the womb. It is most generally fatal. Astringent injections, nutritious diet, and tonics, but more especially the application of some caustic to the diseased surface, are the remedies.

The corroding ulcer of the os uteri may be called a semi-malignant disease, inasmuch as there is no

deposit of an heterologous formation; it is attended with hæmorrhage and a thin, ichorous, offensive discharge, varying from a straw color to a light brown.

Melanosis of the womb is an exceedingly rare disease. Dr. Lever has seen one case, besides another under treatment, in which he suspects it. The symptoms led him to pronounce it fibrous tumor; after a time the patient had hæmorrhage, followed by a dark brownish black discharge, of a peculiar odor. After death a melanotic tumor was found as large as the fist. It appeared as if the melanotic matter had been deposited into the substance of common fibrous tumor.

On the subject of carcinomatous disease of the womb, the author's statements bear the impress of elaborate research and extensive personal experience. The whole subject is investigated in every possible aspect, but yet with such admirable simplicity and order that the author's meaning is everywhere seen at a glance—in fact, throughout the whole work, so excellent is the style and arrangement, that the busiest practitioner may avail himself of it for hints as to diagnosis or treatment in his brief intervals of leisure. If our space permitted, we would follow our author through his observations on the use of mercury, iodine, and arsenic in the earliest stages of cancer; on the means of alleviating the patient's sufferings, and of prolonging her life in the later stages; on the extirpation of the os uteri and of the entire organ; and on the coexistence of pregnancy with malignant disease —a subject which has lately been so ably treated in the pages of this Journal by Mr. Dorrington. Of this last-named miserable intermixture of the seeds of life and of death, Dr. Lever gives six cases, in one of which a large piece of the diseased os uteri was torn away before the head of the child.

We must conclude by expressing our opinion that the work will be as valuable to the reader as it is creditable to the author.

The Oculist's Vade-Mecum: a Complete Practical System of Ophthalmic Surgery. With numerous Wood-cuts and Colored Engravings of the Diseases and Operations on the Eye. By JOHN WALKER, Surgeon to the Manchester Eye Hospital, &c. London: Longmans. Manchester: Simms and Dinham, 1843. 8vo. pp. 400.

Mr. Walker informs us, in his preface, that his object has been "to afford practical information to the student, the young practitioner, and him whose active engagements render impossible the study of the more voluminous publications with which this branch of medical science has been enriched." We need not inform the majority of our readers that Mr. Walker's experience amply qualifies him for the task.

The arrangement of the work is simple; he begins with the diseases of the conjunctiva, then takes those of the other constituent parts of the eye in succession, and concludes with the affections of the lids and appendages. The wood-cuts are numerous; and although they do not possess the high finish which we meet with in some modern vade-mecums, they exhibit clearly what they are intended to do, and answer all useful purposes quite as well as the most elaborate productions of art.

In treating of that most common complaint, conjunctivitis, Mr. Walker, although judiciously recommending the abstraction of blood when "the system is sympathetically affected, the pulse much excited, and the tongue furred, and when there is throbbing pain in the head," or "in the instance of acute conjunctivitis brought on by the infliction of an injury to the eye of an individual in the possession of full health, or of a plethoric tendency," yet in ordinary cases prefers the plan of treatment by local stimulants, as the most safe, speedy, and efficient. The remedy of this class, which meets with most favor in his eyes, is the nitrate of silver in substance, or else the sulphate of copper, the former being directed to be drawn *lightly* over the conjunctival surface, and the latter to be kept in contact with it for a few seconds.

"*Mode of Applying Local Remedies.*—It is rarely necessary to apply stimulants to the conjunctiva of the superior eyelid, because, in simple conjunctival inflammation, we seldom find that it participates to any considerable extent in the general inflammatory condition of the membrane; and it is the less necessary, as the effect produced by their application to the lower one becomes diffused over the whole conjunctival surface by the winking motions. Indeed, the conjunctiva of the lower lid ought to be the recipient of all the local stimulants employed in chronic ophthalmia. If we prescribe a stimulating lotion or ointment, but little good can be expected to result from its use if this be not brought into actual contact with it; and as we know how seldom applications of this kind are properly used by patients, there is the greater necessity for the surgeon himself frequently to apply something on which he can depend for producing the proper impression. If the application of stimulant fluids be entrusted to patients or their attendants, strict injunctions should be given as to their efficient use. The lower eyelid ought to be depressed and everted, and a camel-hair pencil, saturated with the fluid, should then be drawn across its conjunctival surface. If an ointment be recommended, it should be first melted, and then applied in the same manner. In milder cases the fluid may be dropped upon the conjunctiva oculi, or the ointment smeared upon the tarsal margins, but neither of these is so effective a mean as the former."—p. 15.

In treating of the purulent conjunctivitis, and especially of that most rapid and destructive form of it—the gonorrhœal ophthalmia—Mr. Walker's preference of the treatment by nitrate of silver, to the antiphlogistic plan is most ably supported, not only by arguments drawn from the nature of the disease, but also by the confessed inutility of the latter plan in the hands of its ablest advocates. He takes the cases

narrated by Mr. Lawrence, "who may fairly be considered the representative of the antiphlogistic class of practitioners," and who urges the necessity of the most rapid and copious abstraction of blood.

"The reader may be curious to know what were the results of that treatment in the hands of so able, so zealous a practitioner; I will furnish him with a brief summary of them. Of fourteen cases, nine had he disease only in one eye, six of these were lost, and but three recovered. The other five were affected in both eyes; of them, one lost both eyes, two lost one eye, one recovered both eyes with imperfect vision, and one only recovered completely; so that, of the whole fourteen cases, but four can be said to have properly recovered. This is certainly very valuable evidence as to the effects of antiphlogistic treatment in gonorrhœal ophthalmia."—p. 51.

But, says Mr. Lawrence, the eyes were lost because blood enough was not taken; and, if I had to treat the same cases over again, I should take twice as much.

"Mr. Wardrop informed me (says Mr. Lawrence) that the only case of gonorrhœal ophthalmia in which the eye was saved was that of a young woman, in whom venesection was repeated as often as blood could be got from the arm. She lost 170 ounces in a few days, and looked as if every drop of blood had been drained from her body, the skin having nearly the hue of a wax candle."—p. 52.

That this abominably perilous method of treatment is as unnecessary as it is futile, Mr. Walker shows by the history of one or two cases treated by the application of the lunar caustic in substance to "as much of the inflamed conjunctiva as could be got at, allowing it to remain a short time in contact with it, especially with the chemosed portion at the inferior part of the eyeball." He further corroborates the want of success of the antiphlogistic treatment in purulent ophthalmia by the testimony of Dr. Vetch, one of its most ardent eulogists.

"Thus, Dr. Vetch, who was in the habit of taking fifty or sixty ounces of blood from persons affected with this disease, reports that, in fifty cases out of six hundred and thirty-six, both eyes were lost, and in forty more one was lost. No doubt, too, in a great number of the rest, vision was much impaired from opacities. Other accounts are still more unfavorable."—p. 37.

We trust that many more eyes will not be allowed to slough, nor many more patients bleached like wax candles, before practitioners take the trouble to reflect that a purely local disease, arising from the local application of a poison, is most likely to be cut short by such a local remedy as is most likely to destroy the poison, and to subvert the actions which it has begun to establish in the conjunctival mucous membrane.

When treating of the photophobia that accompanies scrofulous ophthalmia, he very justly contends that it cannot be attributed to an affection of the retina. The symptoms are just the same as those which follow the irritation of a particle of dust in the inside of the upper lid; and there is just as much reason for saying that the retina is affected in one case as in the other.

"My own opinion," says Mr. Walker, "is, that sensibility to light, whether healthy or morbid, is to be referred to the fifth pair of nerves rather than to the retina. The retina I regard rather as the recipient of visual impressions. This is a subject which it would be obviously improper to enter upon here in detail; but I may relate a case which is interesting in a practical point of view, and will serve to illustrate the distinction I have endeavoured to establish.

"*Case.*—Mr. C. consulted me in November, 1833, respecting a paralytic affection of the right side of the face. There was a complete absence of feeling on the whole of that side, all power over the muscles was lost, and therefore there was inability to close the eyelids, and the mouth was twisted to the opposite side; taste also was very much impaired. Both eyes were, to all appearance, perfectly healthy, there being merely an inability to close the lids of the right. Now, here was a case in which the fifth nerve on the affected side was evidently paralysed, whilst the retina and optic nerve were clearly intact, for vision was perfect in both eyes. With a view of putting my supposition as to the seat of sensibility to light to the test, I placed my patient before a very brilliant flame from a gas-burner. The effect was very striking, for the left eye could not bear for a single instant the exposure to so vivid a light, whilst the opposite eye (that of the paralysed side), when placed close to it, *was completely insensible to its irritating influence.* He was treated on the combined antiphlogistic and mercurial plan, and speedily recovered. It was interesting to observe, that as common sensibility was restored, the eye became again susceptible of the irritating influence of light."—p. 72.

In the treatment of the strumous ophthalmia, we doubt whether Mr. Walker's directions can be improved upon. They bear the impress of experience guided by sound principles. He is decidedly adverse to every measure that tends to lower the vital energies. Bleeding, leeching, purgatives, and nauseants he rejects. Issues and other counterirritants are not regarded more favorably. "Rowley quaintly remarks of these remedies, 'Those who have had inflamed eyes many years, we most commonly find with either seton or issue: from this circumstance it plainly appears they do not effect a cure.'" The remedies which he sanctions are warm clothing, nutritious diet, beer or wine, antacids, occasional aperients, sedatives to allay the photophobia, such as solution of the extract of belladonna, or a lotion of liquor opii sedativus, and above all, stimulants, proportioned to the severity of the attack.

"If it be slight, then the milder stimulants will be sufficient—such, for example, as the sulphate of zinc solution and the zinc ointment; if somewhat more

severe, the sulphate of copper solution and the red precipitate ointment; if very active, the sulphate of copper in substance, or the nitrate of silver, either in solution, ointment, or substance."—p. 75.

But although so warm an advocate for the nitrate of silver, Mr. Walker very properly cautions his readers against using it too often, so as to cause ulceration of the conjunctiva, or permanent discoloration. To avoid these evils, he recommends the sulphate of copper to be substituted for it when the symptoms improve.

We have carefully looked through the whole of Mr. Walker's work, and can conscientiously pronounce it to be no less valuable as a record of his experience than as a guide to the practitioner. We are particularly pleased with the chapters on Iritis and Amaurosis, which are described fully and clearly, and without those subtle minutiæ and infinitesimal subdivisions that are to be found in many ophthalmological treatises. We can only express our hope, in conclusion, that it will meet with the success which it amply deserves.

SHEFFIELD MEDICAL SOCIETY,

November 2, 1843.

Dr. Favell (President) in the Chair.

Mr. Overend exhibited a truss with a spiral spring in the centre of the pad, invented by a mechanic, resident in the neighbourhood of the town, who has for several years been affected with *direct* inguinal hernia. He had experienced much more relief by wearing a truss of this description than from any he had previously worn.

Dr. Shearman, of Rotherham, exhibited a heart, the walls of which were about the normal thickness; but the cavities, especially the auricles, were greatly enlarged. The orifices and valves on the right side of the heart were natural, but the left auriculo-ventricular opening was so contracted as only to admit the passage of an ordinary sized quill. The aortic valves were considerably indurated. There was no effusion into the cavity of the chest, but the pericardium contained rather more fluid than natural. The lungs were healthy.

The specimen was taken from the body of a man aged forty-five, who had been ill for three years, and had suffered much from being *over-worked* and *under-fed*. Dr. S. first saw him about two months ago, when he was complaining of severe dyspnœa, accompanied with palpitation of the heart. The pulse was remarkably weak and small, but regular. No cough; but during the course of his illness there had been occasional attacks of hæmoptysis. On percussion, the whole of the inferior portion of the chest yielded a dull sound; and on the left side, the dulness reached to the infra-clavicular region. The first sound of the heart was feeble, but unattended with any murmur. The second sound was accompanied by a soft souffle, which was occasionally heard with extreme difficulty.

Dr. Porter exhibited a portion of the apex of the left lung, taken from the body of a woman aged eighty-six, who had died from double pneumonia. The portion exhibited was very dense and dark colored, and bore a considerable resemblance to the condensed portions often met with in the lungs of grinders. Immediately below the condensed portion there was a small mass of calcareous matter. The pleura covering the whole was considerably thickened.

Dr. Favell afterwards, in the absence of Mr Overend, who was unexpectedly prevented reading the communication he had prepared for the evening, read the details of a very remarkable case of abscess in the brain, accompanied by extensive disease in the vena portæ, and giving rise to very anomalous symptoms.

We hope to give the particulars of this case, which in many points is unique, in an early number.

THE CHRISTIAN BURIAL SOCIETY—LETTER FROM DR. EAGER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

"Base envy withers at another's joy,
And hates the excellence it cannot reach."

Gentlemen,—There is nothing perhaps that bespeaks more a generous nature than to be able to run the race of competition and rivalry, and to keep the heart at the same time a stranger to the base passion embodied in the lines above quoted. But while almost every day's experience proves how difficult it is in the case of rivalry and competition, to preserve the mind uninfluenced by this passion, it cannot fail to discover at the same time depravity of a much deeper dye and a more malignant description, which invests the words of the poet with a much more general character. What shall we say of the gratuitous slanderer, without even thepoor pretext of rivalry or competition?—no motive save that of inherent malice? Alas! that there are such in every community cannot be questioned, and there is, perhaps, no more melancholy reflection to any man possessed of even the ordinary feelings of humanity, than that such utter depravity does exist. Those few observations, written certainly more in the spirit of sorrow than of anger, have been suggested by reading in your valuable journal of this week an article headed "Christian Burial Society of Manchester"—a society founded, I will say, in a truly benevolent and Christian feeling, or, to use the phraseology of the writer of the the article, "a truly philanthropic association;" a spurious praise bestowed by this writer, with the true refinement of the practised slanderer, in order that he may level with more certain aim the shaft of his calumny at individual character. Had not this scribbler of calumny found his way into your respectable journal, I could have endured his efforts with perfect equanimity, the silence of utter contempt, mingled perhaps with a feeling of commiseration, would be the only refutation I should have offered; but now I feel it due to my own character and to that of the gentlemen who are patrons of this society, to adopt the same channel, with a view to set myself right with my professional brethren, and simply confine myself to a statement of facts as regards my professional connection with this society.

About sixteen months ago a person waited on me to request that I would act as honorary secretary to the society, and having had detailed to me the advan-

tages which it afforded the poorer classes, I did not hesitate to accede to the request. It was also added, that a board of health for the poorer class would be annexed to it. Matters went on to their satisfaction, and, without my knowledge, possibly imagining that it would be agreeable to me, they appended to their circular what, I must confess, has a charlatanic appearance, but *without my consent* or *knowledge*. The only intimation I received of its existence was on paying a visit to on one of my most respectable patients, who informed me that he received a circular of an extraordinary character, and in an envelope, on which was written, "puff direct." I immediately communicated with the directors, and was informed that they did not send it to the party mentioned. Apprehending that some interference existed, they made all inquiries, and at length discovered that an individual called at their printer's for the copy-plate, which was given to him; this person lives in St. Anne's Square, and is an engraver. They immediately called on him, and were to their astonishment informed that an individual called on the engraver and gave him an order for 180 circulars, adding, that he wanted his crest engraved, and that as he was leaving town, he wished the circulars to be left at a surgeon's house, giving the address. The engraver's apprentice delivered the circulars at the house of which the address was given, in this town, and was paid for them at the same house. Thus it is, that a kind friend has made use of this means, with the view of destroying my character, by sending those circulars not only to all the respectable medical men in Manchester, but also to the greater number of respectable families whom I attend professionally. I need not add, that when I discovered the objectionable addition to the circular, I had my name removed from it by the directors. With respect to clubs in general, I hold the opinion, in which many respectable men coincide, that they are of eminent service to the operative class as tending to elevate their moral character and give them a sense of self-respect.

* * * * *

I have the honour to remain, Gentlemen,

Your obedient humble servant,

JAMES EAGER.

St. Peter's Square, Manchester.

*** We feel much pleasure in inserting Dr. Eager's explanation. It is, as he justly observes, satisfactory and explicit. We happen to know something of the professional qualifications and character of Dr. Eager, and we can affirm that few better deserve the success which he is rapidly attaining. The *interne* of the Hôtel Dieu and la Pitié, the favored pupil of Dupuytren, Louis, and Lisfranc, may rest assured that neither malice nor jealousy can retard the advancement of a man whose reputation is founded on the solid basis of unwearied industry and high professional attainments. But the notice in question was written by a gentleman who has no knowledge of Dr. Eager, and feels neither envy nor malice. The "charlatanic appearance" of the circular must be a valid excuse for the writer in Dr. Eager's eyes.—EDS.

MR. COULSON AND THE DISPATCH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—My attention was directed for the first time, a few days ago, to your Journal of the 14th ult., containing laudatory notices of myself, taken from the "Weekly Dispatch," and more than intimating that these notices were written either by me or by my connivance. I distinctly and unequivocally deny that these notices have been published with my sanction, connivance, or approbation. They were, on the contrary, as distasteful to my feelings as they were likely to be injurious to a professional man; and I, some time since, remonstrated against them, as strongly as I could against the acts of those over whom I had no control. I call on you to insert this denial, and the letters which I subjoin.

I am, Gentlemen,

Your obedient servant,

WILLIAM COULSON.

London, November 8, 1843.

Frederic-place, Nov. 7, 1843.

SIR,—A letter appeared in the Provincial Medical Journal, dated October 14, but which only came under my notice a few days ago, in which extracts are made from the "Weekly Dispatch," containing laudatory notices of me; I beg you to do me the favor to state whether I am directly or indirectly in the slightest degree connected with their insertion.

I am, Sir,

Your obedient servant,

WILLIAM COULSON.

To the Editor of the "Weekly Dispatch."

"Weekly Dispatch" Office,
Tuesday, Nov. 7, 1843.

SIR,—In reply to your communication of this day's date, I beg to state that it is contrary to the practice of this establishment to afford information to parties making inquiries into matters connected with the management of it; but, in this instance, I have no hesitation in saying that the notices in the correspondents' columns of the "Dispatch" regarding yourself, and which have appeared from time to time, have been written entirely without your knowledge or solicitation.

I have a distinct recollection of your calling upon me some three or four months' since, requesting the omission of your name in the "Dispatch." I then thought I ought not to be dictated to except by the proprietors; and I still think so. I assure you that your name has only been used in common with the names of other gentlemen who have become eminent in the medical profession.

I remain, Sir,

Your obedient servant,

J. WRIGHTSON,
Editor of the "Weekly Dispatch."

To W. Coulson, Esq., Old Jewry.

PERFORATING ULCER OF THE APPENDIX VERMIFORIS.

Dr. Lees laid before the Dublin Pathological Society some recent specimens of disease of the intestines in children. The first were from a child four years old, that had died during this week in the South Union Hospital. This child had been suffering from chronic diarrhœa, and was in a state of great emaciation; the discharges from the bowels were intermixed with shreds of lymph in the membranous form, but there were no sanguineous dejections; there had been incessant vomiting during two days previous to death; the large intestine was very vascular, and all its coats thickened; beneath the mucous membrane were several ecchymosed spots; the vascularity was greatest in the rectum; the lower portion of the ileum also was very vascular, thickened and coated internally with adherent lymph; the coats of the stomach were thickened, and there was a deposition of lymph on its mucous surface, similar to that on the ileum; the mucous membrane itself was of a brown color, and very vascular, presenting an appearance similar to that called *mammillary* by Louis, and *granular* by Hodgkin. From the pylorus to the ileum the intestine had no unhealthy appearance.

The next specimens were from a child of fifteen months old, which had been admitted only a week previously, at which time it was described to have been laboring under chronic diarrhœa. On examination of the body after death, the mesenteric glands were found affected by tubercle; the mucous surface of the large intestine was thick, warty, and vascular; but the most remarkable lesion was in the appendix vermiformis, about the middle of which was observed a large patch of green lymph, which covered an ulcer that had nearly perforated into the peritoneal cavity; the mucous membrane appeared to have been removed round a large portion of the tube of the appendix, and in the centre of this ulcerated part was the minute perforation, which was only prevented from communicating with the sac of the peritoneum by this deposit of bright green lymph; there was no peritonitis. Dr. Lees said that this case was interesting, on account of the early age of the subject, as, although many cases are on record, and the pathological lesion has been fully described, yet, the earliest age hitherto mentioned at which it had occurred, was six years, in a case described by Dr. Burne, in his memoir on tuphloenteritis, published in the "Medico-Chirurgical Transactions."—*Dublin Journ. Med. Sci.*, November, 1843.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The first meeting of this society will be held on Tuesday next, Nov. 14, at half-past eight, when the following papers will be read:—

An Account of Two Cases of Rupture of the Ureter or Pelvis of the Kidney, followed by large Effusion of Urine into the Abdomen. By Edward Stanley, Esq., F.R.S., President of the Society.

Two Cases of Ulcer of the Stomach, producing circumscribed Abscesses in the Peritoneum. By Edward J. Seymour, M.D., F.R.S.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

October, 1843.

Mean of External Thermometer at 9, a.m.	50·93
,, ,, ,, at 9, p.m.	48·52
Maxima	57·51
Minima	42·80
Mean daily Range	14·83
Extreme Highest on the 5th	69·50
,, Lowest on the 20th	30·
,, Range	39·50
Mean Dew Point at 9, a.m.	48·01
,, ,, at 9, p.m.	44·31
Mean of Barometer at 9, a.m.	29·831
,, ,, at 9, p.m.	29·777
Extreme Highest on the 19th	30·424
,, Lowest	29·052
,, Range	1·372
Number of Days Fine	14
,, ,, on which any Rain fell	17
,, ,, Variable	0
Quantity of Rain in Inches	6.00

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
3	1	—	2	1	4	3	17

APOTHECARIES' HALL.

Licentiates admitted Thursday, November 2, 1843.

W. Spackman, Lutterworth, Leicestershire; D. Perkins, Bridgwater, Somerset; H. C. Hastings, East Dereham, Norfolk; E. W. Pilgrim; W. Smith, Newport, Bucks.

Wednesday, Nov. 8.

William Few, Huntingdon; Henry Hayton, Radcliffe, Liverpool.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to order from their Booksellers, without delay, any numbers required to complete sets, as the first 79 *are quite out of print, and but few copies remain of many of the later numbers.*

Will *Sir John Fife* be good enough to send us, at the proper time, the termination of his case of ununited fracture?

The report of the *Birmingham Pathological Society* is unavoidably delayed.

Cases of rupture of the heart, by *Mr. Bodington* and *Mr. Challice*, next week.

Mr. Harrison's paper shall be inserted next week.

We will produce a parallel to *Dr. Cullen.*

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 164.] LONDON, SATURDAY, NOVEMBER 18, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

LECTURES
ON
POLYPUS OF THE NOSE,

DELIVERED AT
ST. GEORGE'S HOSPITAL, ON NOVEMBER 15, 1843.

By Sir B. C. Brodie, Bart.

BEING THE SECOND OF A COURSE OF LECTURES ILLUSTRATIVE OF SOME IMPORTANT PARTS OF SURGERY,
Delivered gratuitously to the Pupils of the Hospital.

LECTURE II.

Gentlemen,—I concluded the last lecture by speaking to you of abstracting common polypus with forceps; I might have said that in some cases there is a chance of its not returning (I allude to an occurrence I met with this morning). A gentleman came to me with polypus in each nostril; a portion of the cells of the ethmoid came away with it. There is no harm in this, and there is less chance of its returning in this part.

Now, the polypus being removed, the patient experiences great relief from the operation; he will ask the question, "Will it come back again?" It will come back again, and he must have it removed again. Another question he will put to you is, "Can anything be done to prevent its return, or make it slower in coming?" Yes; in many cases you may do something to prevent it. Some years ago—eighteen or twenty—a gentleman came to me with polypus in the nose, which he had had for some years, having had it removed before by a surgeon elsewhere. I removed it, and then recommended him to use the white precipitate ointment. It should be softened before the fire, and applied with a camel-hair brush; care must be taken to paint all the upper part of the nostril. It is a mild application, and produces no irritation. He persevered in its use for some time, and I watched the case carefully. There was no return of the polypus for about fifteen or sixteen years; afterwards it came back, and I removed it again.

I have seen other cases in which benefit has been derived from other local applications after the polypus has been removed—as, for example, the citrine ointment; which is the nitrated mercurial ointment diluted. However, I prefer the white precipitate ointment; it is quite as effectual, does not cause inflammation, and there is no sneezing afterwards. It must not be applied for a week only, nor for a month, but be persevered steadily with for years.

The patient may be taught to apply it himself, or get some one else to do it for him. You can explain to him the direction of the nostril: it should be passed up into the middle meatus, directing the instrument first upwards and backwards, then directly backwards, as far as the pharynx, so as to sweep over the whole roof of the nostril. I have used astringent lotions of zinc or alum with advantage—for instance, sulphate of zinc, half a drachm; tincture of galls, one drachm; dissolved in eight ounces of rose water. This is to be injected every day into the nostril, especially when the nostril is narrow, and where a camel-hair brush of sufficient size cannot enter it.

Sometimes I have used nitrate of silver to the roof of the nostril where the polypus grows from it; this you must apply carefully, to prevent inflammation, protecting the upper lip and the margin of the external nostril by smearing the parts with olive oil, or it will run down; and when it is exposed to the light, the patient will discover a black stain.

Now, polypus may be of a different structure to those I have before mentioned. There is the fleshy polypus, which is composed of pretty solid fibrine, with a thin membrane covering it; the appearance is the same as polypus of the uterus and rectum. I am inclined to believe that sometimes common polypus alters in structure, and becomes fleshy; it does not do so in general; *sometimes* it does. It may grow for years and not do so. In other cases it appears to be fleshy from the beginning. Fleshy polypus has a narrow neck, as in polypus of the uterus or rectum. It is not restricted to the cells of the ethmoid, or the superior turbinated bone, or to any part of the nostril; the common polypus is. I have seen one attached to the Schneiderian membrane on the septum nasi, quite in sight (it was about an inch long, and one-third of an inch in diameter), in which situation I never saw common polypus. In the case to which I allude I introduced a pair of probe-pointed scissors, slightly curved, and snipped off the polypus close to its centre, afterwards applying the nitrate of silver. It did not grow again for some time.

In like manner, polypus of the uterus, after it has been removed by ligature, does not return.

Here is a fleshy polypus I removed by ligature; it hung down from the posterior nares into the pharynx. It came away with the ligature attached to it in the same manner as, they tell you in lectures on midwifery, the polypus of the uterus does.

There was admitted into the hospital a young man, a soldier, who never had symptoms of common polypus of the nose, but for some time had considerable difficulty of breathing and swallowing. This took place a long while ago, when I was assistant-surgeon here. Nothing could be seen in the nose, but when I looked into the back part of the throat I discovered an enormous tumor pushing forwards into the mouth the velum pendulum palati. Upon careful examination I found it to be a fleshy polypus descending from the nostril, to which it was attached at its superior part. I removed it by the ligature, and I think it never returned, for I never saw the patient afterwards, nor heard of him; he soon got well, and as the operation was successful, I apprehend that he would have come back if the disease had returned.

It is much easier to talk of removing polypus by ligature, than to do it; for it is not an easy matter when it hangs back into the pharynx.

There are several ingenious contrivances invented for it, which appear to me to be more ingenious than useful. It is better to effect it by some simple apparatus than by any of these complications.

It is difficult to explain the method of doing it when the polypus is hanging out of the posterior nares into the fauces. You should never do it by ligature when the polypus is confined to the nostril. [Here Sir B. C. Brodie introduced a paper model, by which he illustrated the various steps of the operation.]

Description of the Operation by Ligature.—You first pass a wax bougie through the nares into the pharynx, then put your finger in the mouth, bend the bougie, and bring one end out into the mouth. *This is the first step of the operation.* Then I have performed the operation thus: Fasten a double ligature to the end of the bougie, draw it out at the nose, and cut off the ligature; the loop hanging into the pharynx, the cut ends projecting out at the anterior nostril over the upper lip.

The next step is to get the loop over the tumor; that is the difficulty. For this purpose I have drawn the loop out of the mouth, and cut through it. Now you have two single ligatures.

This silver tube is passed into the mouth with one of the ligatures drawn through it, under the base of the tumor, to one side of it. Then, by means of the same silver tube passed into the mouth, carry the other ligature to the other side of the tumor; then unite them together by a strong knot, so that now you have a firm hold on the polypus; then tighten it on the silver tube in the same manner as you would tighten polypus of the uterus on a silver tube; and let it be drawn tighter every day, till it has cut through it; after applying the ligature in this manner, it might drop down into the pharynx, and if large might occasion some inconvenience. To prevent this, you pass a ligature through the substance of the polypus, so that it may be dragged out, when loose, by the patient.

If the polypus arises from the septum nasi, you may pass the bougie into either nostril; but if not, you must judge to which nostril it is attached, and pass the bougie into that one. The ligature should be long, strong, and waxed, as it is easy to cut it shorter, if too long; but if it is not long enough, you will find the operation very difficult. It was in this manner I tied the large polypus I mentioned just now.

But there is a method still more convenient than this, which I have applied on other occasions. The method I am going to describe (employed by Dessault) requires no more apparatus than I showed you before, i.e., in the first place, the silver tube, by which the ligature is introduced into the mouth; then a shorter one for the nostril, to tighten the ligature upon: you will want two pretty long ligatures. Begin by introducing the bougie into the nostril; hook it round, and bring it out of the mouth; then fasten carefully two ligatures, a double one, and a very long single one; draw out the bougie through the nose, and the ligature follows it; then you cut off the bougie as before.

Next Step.—Pass the silver tube into the mouth, pulling the single ligature through it, so that the double and single ligatures are both on one side of the polypus; direct the single ligature round to the other side of the polypus, leaving the double one where it was; having done that, remove the silver canula; the loop of the double ligature is thus drawn out of the mouth, and the single one passed through it; draw out the double ligature, and the single one is thus converted into a double one; you tighten it, by passing the canula into the nose as before. This operation is difficult to describe, although easy to do in practice.

Malignant Tumors.—Now, there are tumors which grow from the nostril which are liable to be confounded with polypus of the nose. A boy was admitted into the hospital with a tumor in the left nostril, causing much bulging of the nose, &c. The tumor was of a brownish red color (unlike common polypus), elastic, having a narrow attachment to the superior maxillary bone, and not to the nostril elsewhere; it was doubtful whether it proceeded from the antrum, but there was no apparent enlargement of it. It was too firm to remove by the ligature or the forceps; I divided the ala nasi, and carried the incision through the upper lip, so as to expose the cavity of the nostril. I then removed it as well as I could; there was great hæmorrhage; I applied chloride of zinc and flour upon lint, in order to get it to slough. The wound of the lip healed by the first intention, and there was no appearance of its return for some time. In three months he left the hospital; in one month after that he returned, with much discharge from the nose, and a swollen belly: this happened after I resigned my office here. The boy died, and I believe had paralysis of the lower limbs. On examination after death, it was found that the disease had returned into the nostril, where there was a firm elastic tumor formed. The sphenoid and ethmoid bones were destroyed, and some of the bones of the face. The dura mater was lifted up near the cribriform lamella of the ethmoid. The disease existed also in other parts of the body; a tumor of the same kind was found attached to the xiphoid cartilage: the bodies of the vertebræ were destroyed, and the heads of the ribs. There was pressure on the dura mater of the cord, and I believe effusion into the ventricles of the brain. It was evidently a malignant tumor, very different from common polypus.

I have seen several malignant tumors growing from the Schneiderian membrane, but this arose between the periosteum and the bone. A young, strumous gentleman, of fair complexion, light hair, blue eyes, &c., consulted me, having a very vascular condition of the mucous membrane of the nose, rendering him liable to bleeding of the nose at the least touch of it. If touched with the sharp end of a probe, it would bleed to many ounces—an alarming hæmorrhage. By-and-by he came to me with a sort of fungus growing from the mucous membrane over the inferior turbinated bone. It was at first small, with a narrow neck, not bigger than your little finger. I snipped it off, but supposed afterwards that I had not entirely removed it, for it returned again, growing rapidly, and soon extended into the pharynx, pushing forwards the soft palate into the mouth. Mr. Keate saw it with me; we agreed to remove it by ligature, which did no good, for it grew in spite of us. It caused caries of

the bones of the face, destroyed the orbit, bled profusely, and the poor fellow died.

I saw another case where the fungus occupied a large part of the nostril, and projected into the pharynx; Sir Astley Cooper and I agreed to remove a part of it by ligature. The ligature came away, but there was so small a piece of fungus included in it, that it could scarcely be seen. It was composed entirely of vessels similar to the cauliflower excrescence of the uterus. The tumor grew again, and I have not heard the result, but I have no doubt the patient died.

As for these malignant tumors, let them alone; from my own experience, I consider, from their having so broad a base, that any operation for them would do no good.

In the next lecture, Gentlemen, I shall mention other tumors that are liable to be confounded with polypus of the nose, and then I shall begin another subject.

CASE OF RUPTURE OF THE LEFT VENTRICLE OF THE HEART.

By M. Bodington, Esq., Chesterfield.

On Friday, October 13th, at a quarter past one o'clock, p.m., I was sent for in haste to visit J. C., aged 70, who it was stated had been complaining of feeling unwell for a week or ten days, and in the course of the morning of a "stitch in the side," but had been just seized with violent pain in the chest. Upon arriving at his house, I found him sitting upon the bed, leaning forwards, with his elbows resting upon his knees, in which position, with some one pressing upon his chest, he was easiest. He complained of most excruciating spasmodic pain extending all over the chest. The pulse was very slow, and so feeble as scarcely to be perceptible at the wrist; the skin covered with a cold clammy perspiration; the countenance expressive of intense anxiety; in fact, he had every appearance of being in articulo mortis. I gave him some hot brandy and water, and applied hot bags of flour over the seat of pain. The pulse having slightly rallied and the severity of the pain not having abated, I left to procure some medicine, but returned immediately (with my partner Mr. Walker) and gave the following draught:—

Tincture of opium, forty-five minims;
Compound spirit of ammonia, one drachm;
Camphor mixture, seven drachms;

and ordered the feet to be put into hot water, with mustard in it; and to take a bolus composed of

Chloride of mercury, five grains;
Powdered opium, one grain;
Confection of roses, as much as required. To be repeated in half-an-hour, if the pain continues.

Three o'clock. The pain still as severe, and extends down each arm to the elbows. To repeat the draught immediately, and the bolus in an hour; and to apply a large blister to the chest, sponging it previously with tepid vinegar.

Six o' clock. My partner visited him, and found no alteration.

Half-past nine o'clock. He was again seen by my partner, and complained then of the pain extending to the wrists, but seemed somewhat more composed. In less than ten minutes I was summoned again, and, upon arriving, found he had been dead about five minutes. After Mr. Walker left he had risen from the bed and walked across the room; a paroxysm of pain came on, and he died immediately.

Post-mortem Examination, Eleven Hours after Death.

Heart.—The pericardium was distended to the utmost with fluid and coagulated blood—in fact, had it not have been a particularly strong one, it must have been ruptured. The heart was of the usual size, but covered with an immense quantity of fat, and there was a general softening of its substance. Externally in the left ventricle, about three-quarters of an inch from the septum, were two lacerations, one communicating with the other; the larger of the two measured seven-eighths of an inch in length. Internally there was only one rupture in an oblique direction from below upwards; it would admit of the common-sized blowpipe. The walls of the ventricle were of the usual thickness, except in the situation of the rupture, where they were somewhat thinner. The walls of the right ventricle were exceedingly attenuated, very much more so in every part than at the point of rupture in the left. No trace of disease of the valves or of the arteries could be detected. Lungs, liver, intestines, and kidneys were perfectly healthy. Gall-bladder contained eleven gall-stones, each of the size of a small nut, and some inspissated bile. The spleen presented a very remarkable appearance, the peritoneal covering being studded with minute elevated tubercles of a greyish white color, and at one point a number of them were concentrated together, forming a patch of the size of half-a-crown; upon cutting into this mass, it seemed like cartilage; in other respects the spleen was quite healthy.

REMARKS.

It is clearly evident that this was a case of rupture of the heart, occasioned by general softening of the muscular substance attendant upon fatty degeneration; it is also evident that the rupture must have taken place previous to my seeing the patient—consequently, as the pericardium became distended, so in proportion to that distention did the pain not only become aggravated, but extended gradually to the elbows, and immediately before death to the wrists. The blood being slowly poured into the pericardium, and coagulation taking place, the opening became blocked up with coagulum, and so prevented for the time further mischief; but as reaction took place, and under the excitement of walking across the room, the coagulum became displaced, hæmorrhage returned, and the man died instantly.

SOLIDIFIED LUNG.

Mr. Power presented a specimen of pneumonia in a child. The left lung sunk in water; the upper was the only part capable of respiration, and that portion, when separated from the remainder, was buoyant. There was extensive pleuritis at the same side with the inflamed lung. The history of the case was so far remarkable, that no complaint was made by the child up to thirty-six hours before its death.—*Proceedings of the Pathological Society of Dublin, in Dub. Journ. of Med. Sci.*, Nov., 1843.

CASE
OF
RUPTURE OF THE RIGHT VENTRICLE OF THE HEART.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I have learned that one of your correspondents has contributed a case of rupture of the heart to the pages of your useful periodical, I beg to send you the following, which may, perhaps, be worthy of insertion :—

Sept. 25, 1840. I was summoned in haste, at eleven, p.m., to the housekeeper of an eminent goldsmith in Bond-street; but she died before I arrived. The next day I examined the body, and found the following morbid appearances :—

Head.—Dura mater vascular, and excessively adherent to skull; more fluid than usual in the ventricles; the base of the brain softened.

Chest.—The pericardium quite distended with blood; this, on minute examination, was found to have issued from a perforation of the right ventricle of the heart, close to the apex, and near the septum; the perforation was scarcely the size of a crow-quill; at first sight it looked like a little spot of ecchymosis; it readily admitted a probe into the cavity of the ventricle. The muscular substance around it was neither discolored nor softened, and there was no disease of the great vessels.

During the afternoon and evening preceding her death she complained of great faintness; she had also been sick, and said she felt a load at her chest, as if there were something there which wanted to come up. She retired to bed about ten minutes before eleven, and a servant, who entered the room a few minutes afterwards, found her quite dead, and leaning over the edge of the bed, as if in the act of vomiting.

I am, Gentlemen,

Your obedient servant,

JOHN CHALLICE.

2, Southwick-crescent, Hyde-park,
Nov. 4, 1843.

CASE OF POISONING
BY THE
BICHLORIDE OF MERCURY.
RECOVERY OF THE PATIENT.

COMMUNICATED BY

E. MORRIS, Esq., Surgeon, Spalding.

On Sunday afternoon, the 15th of October, I received a hasty summons to visit Mrs. A., aged twenty-three years, the wife of a veterinary surgeon, to whom she had been married about three weeks, and was informed that she had taken a quantity of corrosive sublimate.

Upon my arrival at her residence I was told by the husband that he was mixing medicine, and had four powders upon the table containing half a drachm of the bichloride of mercury in each; she took one of them up, and emptied the contents of it into her mouth, and swallowed some of it, and the remainder she spat out again; she then drank some water immediately.

This occurred about a quarter after four, p.m. I saw her for the first time five-and-twenty minutes afterwards; she informed me that she was very unhappy in her mind, and that she had taken it with the intention of destroying herself, and did not at all regret having done so; she was sitting in a chair, with a basin upon her knee, into which the saliva was continually running. The countenance was flushed, and she was much excited; she complained of a burning sensation in her mouth, œsophagus, and stomach; the mucous membrane of the mouth and fauces, particularly about the lips, was quite white, and rough to the feel; she had great thirst, and felt rather sick; the pulse was full, and only 40 in the minute; the hands and feet were cold.

I gave her the whites of four eggs mixed with a little water, which she immediately swallowed. About ten minutes after she had taken it, she vomited repeatedly and freely, and completely emptied the stomach. After the sickness had abated I gave her the whites of several more eggs, which she kept down; I then ordered bottles of hot water to the feet, and left her at six o'clock, ordering her a mixture containing castor oil suspended in mucilage, and directing that two tablespoonfuls should be taken every half-hour, until the bowels were relieved.

At eight o'clock, p.m., I again saw her; she said that the burning heat in the mouth, throat, and stomach, were much worse; she now complained of a darting pain through the chest, and also of an acute pain in the right iliac fossa about the caput coli; the lips were very much swollen, and the saliva flowed abundantly from the mouth; the breath was very fœtid; the pulse very small, and 29 in the minute, and intermitted about every ten beats, during the time it would take for two pulsations; there had not been any more sickness; the extremities were very cold. As she sat in her chair, her head nodded as if she was about to go to sleep, and every now and then her arms were suddenly jerked up; she said her legs felt benumbed; she had a heavy feeling in the head; the pupils were dilated, and she was very drowsy, and never spoke unless spoken to; the breathing was very slow, and frequently interrupted with deep sighing; she had passed but little urine, and when she did so said it scalded her very much.

About ten o'clock I again visited her; she appeared much the same; the bowels had not been moved; I desired them to continue giving the mixture until a satisfactory evacuation was produced.

Monday, Oct. 16, at Eight, a.m. The husband called upon me, and said that she was much better in every respect.

At eleven, a.m., I saw her; the bowels had been well relieved in the night, and the motions contained a small quantity of blood; the pulse was 89; the pain in the side was quite gone; her throat and stomach, she said, were very sore. Upon examining the mouth, the mucous membrane lining the lips and underneath the tongue were found corroded, and in a state of ulceration; she had still much pain when she made water. I ordered a gargle, containing the solution of chloride of lime, and a mucilaginous mixture, to be taken every four hours.

Nine, p.m. She is much better, with the exception of her mouth, which pains her very much.

Oct. 17. Pulse 86; complains of pain in the head

and back; she does not now suffer from pain when she passes her water; the bowels have not been again relieved.

18. She has had relief from the bowels, and says she feels much better, and in good spirits; she continued gradually to improve after this, and is now quite well.

Although in the above case the symptoms were violent, and the patient's sufferings very great, I do not believe that many grains of the poison entered the stomach. She emptied the contents of one of the powders, which contained half a drachm of the bichloride of mercury, into her mouth; it acted powerfully upon the mucous membrane, wherever it came in contact with it, and produced ulceration within the lower lip, and underneath the tongue. The first quantity of the white of egg which I gave her, after remaining down a few minutes, was forcibly rejected. This was fortunate, for whatever poison had reached the stomach, and had become mixed with the food, must have been thrown up. The saliva flowed abundantly from the mouth, and the lips were swollen; this was not occasioned by salivation, but by the violent action of the poison locally upon the mucous membrane. The poison had a remarkable effect upon the pulse, which at one time was under 30 in the minute, and intermitted very much; she complained also of great drowsiness. Dr. Christison, in his work on Poisons, mentions this drowsiness and slowness of the pulse, but does not state that it ever intermits. The following passage commences the section upon the symptoms of poisoning with mercury:—"The effects of mercury on the animal body are more diversified than those of any other poison. It acts on a great number of important organs, and in consequence the phenomena of its action are proportionately various. It is not surprising, therefore, that some ambiguity still prevails as to its mode of action, and the circumstances by which it is regulated."

CASE
OF
SLOW POISONING BY ARSENIC.

By R. Jones, Esq., Strefford, near Shrewsbury.

Oct. 20, 1843.—Miss B., of spare habit and pale complexion, has been subject to an obstinate diarrhœa for the last six weeks, and has now the following symptoms:—Frequent griping pain in the bowels, with almost constant desire to act; considerable tenderness over the whole abdomen, which is distended; constant pain and nausea after taking food, and frequent vomiting of all ingesta; the skin cool and dry; intense thirst; tongue clean and red, resembling raw beef; the pulse is 100, small, and feeble; there is a sense of constriction of the throat, and a copious flow of saliva; she has some gastric cough, and frequent raking of the throat and fauces, of a muco-purulent secretion, mixed with specks of blood. There is much pain and tenderness down the spine, and frequent muscular tremors; a crampy feeling of the lower extremities, with partial loss of motion and sensation; they are much swollen, of a livid color in places, and showing a tendency to slough; there is great emaciation; she is unable to procure sleep, owing in some measure to the frequent action of the bowels; the motions are white, watery, and frothy; urine scanty, high colored, and passed with an effort; catamenia absent. She informed me she has been subject to a chronic disease of the skin (psoriasis guttata) for the last four years, and that after having recourse to a great variety of means for its removal, including the local application of sulphur in all its forms, she consulted a physician at Hereford, who prescribed "the liquor arsenicalis." This at first gave her a month's respite, after which the complaint returned in an aggravated form; she again consulted the same physician, who advised her to resume the remedy in five drop doses, to be gradually increased to fifteen drops, three times a-day. On this occasion she took it for about a month, "sometimes taking rather more, sometimes less," until the above train of symptoms set in, without, however, any benefit to the disease.

The above is, undoubtedly, a case of slow poisoning by arsenic, but I treated it as an aggravated form of "gastro-enterite." She was directed to use a warm bath every other day, to take a farinaceous diet, with a little chicken or veal broth; to allay the thirst with linseed tea and barley-water; to keep in bed. A blister was applied over the region of the liver, and the abdomen, spine, and lower extremities, rubbed twice daily with camphorated oil and laudanum; mild mercurials were of service in restoring action to the liver, and opiates in allaying pain and irritation. All her worst symptoms have now left her, but there is still great prostration, and she has still a feeling of numbness in the lower extremities. She is taking at present liquor potassæ, and decoction of bark.

Strefford, Nov. 9, 1843.

SOME REMARKS
ON THE
PRODUCTION OF SULPHURETTED HYDROGEN GAS IN THE ALIMENTARY CANAL,
AND ITS EFFECTS ON THE SYSTEM.

By J. Bower Harrison, M.R.C.S.L., &c.,
Surgeon to the Ardwick and Ancoats Dispensary.

[*For the Provincial Medical Journal.*]

We may almost pardon the zeal and exclusiveness with which that accomplished surgeon, Mr. Abernethy, regarded the disorders of the digestive organs, when we come to consider how many derangements originate in these parts. When we further reflect how many secondary conditions of disease proceed from imperfect digestion, and how greatly our remedial measures are directed to improve this function, we are still more impressed with the paramount importance of the subject. It must always be borne in mind that the stomach and bowels are the immediate recipients of our medicines, and that most of the changes we are desirous to produce can only be effected through the mediation of these parts. Disorders of the digestive organs have thus properly drawn the attention of several able inquirers, but it is still to be regretted that many different affections pass without sufficient discrimination under the common denomination of dyspepsia.

Of the food which is taken into the stomach, a certain portion is received as nourishment, and the

rest evacuated through the alimentary canal. The excrementitious part of the chyme is precipitated by the bile, and the chyle which remains is absorbed by the lacteals. The mucous surface of the intestines is itself capable of absorbing watery matter, but the chyle globules can only be removed by the vessels dedicated to this purpose. In various morbid states of the stomach and bowels, only a portion of the aliment undergoes the change we have described, and a quantity of undigested matter passes into the alimentary canal. The residue of the digestive process does not, therefore, consist simply of fæcal matter, but contains a mixture of improperly assimilated food. The chemical influence or vital control of the intestines is inadequate to arrest the affinities which conspire to the decomposition of this undigested mass. Thus it corrupts into offensive gaseous products, or lodges in the great guts, becoming a fruitful source of irritation and disease. I have little doubt that many derangements are produced by the absorption of matter thus produced. The colon was intended for the transmission and reception of purely fæcal matter, and, if it receive other matter, irritation and derangement are the consequence. Sulphuretted hydrogen is not uncommonly found to be an ingredient among the injurious products disengaged in the process of decomposition. It has been stated that the absorption of the nutritious portion of the aliment is exclusively carried on by the lacteals, but the whole surface of the alimentary canal also exercises an absorbing influence. Thus, much of the watery matter of the fæcal residue is gradually removed during its progress through the bowels. It cannot be doubted, also, but that gases are readily absorbed from the surface of the mucous membrane; and this is rendered evident by the very able researches of Abernethy, Cruikshank, Autenreith, and Beddoes. It would seem, therefore, far from improbable that the gaseous productions which arise in the alimentary canal may be subsequently absorbed by a process of endosmosis.

Now, the sulphuretted hydrogen gas is the most pernicious of all gases, and there can be no question that its presence in the bowels would be most deleterious to the system. It appears, from the experiments of Professor Chaumier made on animals, that in a very moderate quantity it proves fatal, "whether it be inhaled or injected into the cellular tissue, stomach, or *anus*, or simply applied to the skin. *Nine quarts of the gas injected into the anus of a hare killed it in one minute*, and a rabbit, whose skin only was exposed to it, died in ten minutes."* It may be thought that this gas is frequently found in the bowels without producing any inconvenience or derangement, but it must be remembered that "smell alone must not be relied on, as putrescent animal matter exhales an odor like that of sulphuretted hydrogen, though none be present."† The gas is best tested by exposing to it a piece of bibulous paper, moistened with a solution of the acetate of lead.

The effects of the inspiration of sulphuretted hydrogen, and its consequent absorption through the lungs, are well known; air impregnated with a 1500th part of the gas kills birds, and in twice that proportion it is even fatal to dogs. The most complete account of the effects of this gas are said to be contained in M. Hallé's "Reserches sur la Nature du méphitisme des fosses d'aisance." In a recent and interesting work on the Medical History of the Niger Expedition, under Captain Trotter, in 1841-2, it is conjectured that, if the formation of sulphuretted hydrogen on the banks of the river be not the cause of fever, it is probably one occasion of the insalubrious nature of the climate. When vegetable matter is in a state of decomposition, it attracts oxygen from the oceanic sulphates, leaving the sulphurets, which are afterwards decomposed by the carbonic acid of the atmosphere, and sulphuretted hydrogen is, therefore, evolved.*

My attention was first directed to the generation of sulphuretted hydrogen in the bowels by the following case:—A gentleman of studious habits, previously in good health, and in the pursuit of his customary avocations, was seized with a dimness of sight, so that he could not see distinctly the outline of the faces of his friends. On trying to read small print, he found it difficult to decipher more than a few letters at once, the lines seeming to run into each other. He was unable even to read a sign-board across the street. This lasted about an hour or an hour and a half, when a very violent headache came on, being chiefly confined to one side. The eyesight became clearer, but the headache was intolerable, and kept increasing in intensity, until followed by complete faintness and prostration, so that he was obliged to lie down. Free vomiting then ensued, and by the next day the symptoms had passed off, though he still continued unwell. He took calomel and colocynth, followed by a senna draught. The same affection, not deviating in the slightest particular, has occurred to this gentleman on other occasions. Supposing that the gas of his bowels, which was very offensive, was strongly impregnated with the sulphuretted hydrogen, this gentleman had the curiosity to expose to it some paper moistened with a solution of the acetate of lead, and, as he expected, found it distinctly blackened. I scarcely feel competent to discuss the question as to the precise manner in which the sulphuretted hydrogen becomes poisonous to the system; but I perceive, from the recent work of Dr. Liebig on Animal Chemistry, that he ascribes its agency to its influence on the iron in the blood.

In smaller proportions, the presence of sulphuretted hydrogen in the bowels gives rise to headache, lowness of spirits—anomalous pains which are compared to rheumatism and dimness of sight. It cannot, however, be fairly admitted to be present, unless it be ascertained by the test which has been named. Mr. Abernethy, in his work on the Constitutional Treatment of Local Diseases, which is so generally and deservedly known to the profession, has some observations on a kind of pseudo-rheumatic affection arising from a disorder of the digestive organs. He also alludes to the origin of hypochondriasis in a depraved state of the bowels, and notices an excellent dissertation by M. Hallé, inserted in the eighth volume of the "Memoires de la Société Royale de Medicine of Paris," for the year 1806, entitled Réflexions sur

* See Christison on Poisons, p. 698—1832.
† Christison, Op. Cit., p. 702.

* See Medical History of the Niger Expedition. By Dr. McWilliams, p. 172.

le Traitement de la Manie Atrabiliare, comparé a celui de plusieurs autres maladies chroniques, et sur les advantages de la méthode évacuante. In these instances it seems not improbable that the absorption of matter from the bowels is one source of the derangement.

Certain febrile disorders, which originate without being traceable to any specific contagion, may take their rise in the poisonous gases of the bowels, and this is rendered more probable from the circumstance of their being often preceded by long-continued mental uneasiness, and other causes which are known to embarrass the functions of digestion. Little need be said of the treatment of these cases; for it may here be remarked, that increased precision in our knowledge of disease does not necessarily carry with it any more effectual means of combatting derangement, and we are often obliged to continue the same measures which were adopted when less correct notions were entertained. The occasional exhibition of calomel or blue pill, followed by suitable doses of the sulphate of magnesia, are usually found efficacious. In many instances the enema of warm water, or soap and water, may be used with advantage; and of course every attention should be devoted to the condition of the stomach, both as to the quantity and quality of the ingesta. These subjects, however, have been so exhausted by writers of all descriptions, that I shall not fatigue the professional reader with suggestions which must readily present themselves to his own mind.

The alkaline sulphurets seem to produce their poisonous influence by the sulphuretted hydrogen which is occasioned by their decomposition. "In a case related by Dr. Chartourelle, where four drachms were taken (of the liver of sulphur), so rapid and abundant was the disengagement of the sulphuretted hydrogen, that the patient died from asphyxia." *

The alkaline sulphurets were formerly given as antidotes to the metallic poisons, but are in themselves highly dangerous. The best antidote for the sulphurets is the administration of common salt (chloride of sodium), which acts by decomposing the sulphuretted hydrogen, the cause of their fatal properties. Common sulphur is well known to be harmless. The gas exhaled from ordinary privies is too much diluted to be noxious. Thackrah states that the nightmen of London are generally healthy. "Appetite, they declare, is increased by the effluvium." †

Broughton Nov. 6, 1843.

* Beck's Medical Jurisprudence, p. 719.
† The Effects of Arts, &c., p. 62.

OVARIAN DROPSY.

Mr. Southam, of Salford, has been successful in an operation for the removal of an ovarian tumor. It weighed four pounds and a half. Mr. Southam is decidedly in favor of the *long* incision through the abdominal parietes.

TWO CASES OF EXCISION OF THE UPPER JAW.

By Samuel Smith, Esq.,
Senior Surgeon to the Leeds General Infirmary.

[*Reported by Mr. Wollaston.*]

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As the case of Arabella Leeming was seen at the infirmary, during the meeting of the Association in this town, by several eminent surgeons, who expressed a wish to know the result of the intended operation, and as a second case came soon afterwards under Mr. Smith's care, I have been requested by him to report the two cases for the Journal of the Association. Hoping you may find them worthy of insertion,

I remain, Gentlemen,
Your most obedient servant,
W. O. J. Wollaston.

Case I.—Mary Whitaker, of Wakefield, twenty-one years of age, unmarried, works in a worsted-mill, and is in tolerable health; was admitted a patient under Mr. Smith, August 14, 1843. She states that about three months ago, without any apparent cause, a small tumor, about the size of a bean, very hard, but without discoloration, made its appearance on the right ala of the nose; it was soon afterwards felt in the palate, and has continued gradually but rapidly increasing to the present time. During the middle period of its growth she experienced much severe lancinating pain, extending from the tumor to the ear and head, but latterly this has much abated.

Present Condition.—Her general health is good; there is a large, slightly elastic tumor on the right side of the face. It commences anterior to the maxilla, at the second left incisor, extends along the whole jaw, half an inch above the alveolar process, to the third right molar; from thence, in a semicircular direction, to the middle of the lower anterior border of the orbit, the inner half of which it involves, and then encroaches on the nose, which is so much pushed to the opposite side by it, that both nostrils are completely obstructed. She can only see with the right eye objects which are on a level with it, the range of vision of the left eye being circumscribed by the great elevation given to the nose by the tumor. The skin on the apex of the tumor is inflamed, and many enlarged veins traverse it, giving it a suspicious appearance.

Measurements.—From the malar bone to the tip of the nose—right side, four inches and a half; left side, two inches and a half. From the inner angle of the eye to the angle of the mouth—right side, three inches and a half; left side, two inches and a half.

A small tumor, the size of a pigeon's egg, occupies the roof of the mouth on the right side, but it is confined to the maxilla. In consultation, it was decided to operate by excision of the jaw, as the only chance for preserving her life, although suspicions were entertained the disease might be of a malignant nature.

The day previous to the operation, Mr. Smith, thinking there might be some difficulty in replacing the divided parts *accurately* to each other, made

several dark lines on the cuticle, crossing the intended incisions at right angles. These lines were made by pressing the edge of a card, which had previously been wetted with a strong solution of lunar caustic, upon the skin. The advantages resulting were very great, as the proper adaptation of the flap to the cheek could not have been accomplished so accurately without this previous proceeding.

Operation.—Aug. 18, 1843, One, p.m. The patient was supported in a chair in front of the operator; a lateral incision was made in the mouth, commencing behind the right dens sapicatiæ, extending along the palato maxillary suture to the median line of the palate; it was then continued in that line to the gum, where the second left incisor had been previously extracted. The point of the bistoury was now inserted through the integuments over the nasal process of the superior maxilla, and an incision was made by the side of the nose (avoiding the cartilage), and turning under the alæ and septum; it was then carried directly downward, and the upper lip divided in the median line. The bistoury was now placed in the mouth, and its point brought out of the cheek at the middle of the malar bone, and, cutting downwards, the cheek was divided, the wound terminating one-sixth of an inch in front of the angle of the mouth. The flap thus formed was now dissected upwards, and separated from the floor of the orbit. The cartilage of the nose was separated from its attachment to the bone, and a narrow saw (resembling that called by joiners a key-hole saw) being passed through the right nostril, the alveolar process of the jaw was rapidly sawn through, and the division of the bone, in the line of the incision in the mouth, was completed with Liston's cutting forceps. The malar process of the upper jaw was then clipped through by the forceps into the floor of the orbit, and next the nasal process. The flap being turned upon the forehead, and the globe of the eye supported and protected by a bent spatula, the forefinger of the left hand was pressed with great force on the floor of the orbit; the parts gave way; the remaining soft parts were divided, and the whole mass removed.

The patient was lifted on a bed. A little time was now occupied in removing suspicious-looking parts, and the application of caustic potash to the same; the parts were washed, and coagula removed. The bleeding ceased, so that not a single ligature was required to any bleeding vessel. The cavity being stuffed with dossils of dry lint, the flap was replaced in its proper situation; a hare-lip pin was put in the lip, where it was divided in the median line, and another at the angle of the mouth. The wounds were closed by many sutures, and no dressings applied. The tumor had very much the appearance of fungus hæmatodes.

19, Nine, a.m. There has been occasional vomiting of blood, but not to any serious extent, and it has now ceased; she slept well during the night; all the sutures were removed in the afternoon, but the pins were allowed to remain; a few narrow strips of plaster were applied; a slight erysipelatous blush appeared on the cheek, and an evaporating lotion was applied.

20. There is a foul taste in the mouth, for which the chlorine lotion is ordered as a gargle for the mouth.

21. The pins removed; there has been no stool since the operation. An enema was administered, which came away slightly mixed with fæces.

24. Part of the lint removed.

25. All swelling and inflammation of the cheek has subsided; the wounds are firmly united, and the inner surface of the cheek granulating healthily.

26. The remaining portions of lint were removed, they were very offensive; she could swallow well from the first; she now proceeded without any unpleasant symptom, daily improving in speaking, which was rendered much more intelligible by placing a small piece of sponge in the vacancy caused by the removal of the tumor; in a few more days the same effect was produced in a still greater degree by pressing the forefinger on the outside of the cheek.

Sept. 22. Discharged cured.

Case II.—Arabella Leeming, Hopeton, near Ripon, is thirty-six years of age, married, and the mother of four children, states that, about eleven years ago, she first perceived a small tumor in the left temporal fossa, which did not increase until four years ago when she perceived a tumor in the left palate; she does not know that there was any communication between the two tumors; that in the mouth has been at times very painful; it was punctured three years ago by a surgeon, but no fluid escaped.

Present Condition.—She is in tolerable general health. A large tumor, of irregular form, occupies the whole of the left side of the face, extending up the left temple as high as the temporal ridge, from the orbital margin of the malar bone down to the ala of the nose, but does not obstruct that organ; it occupies the whole of the left palate to the velum pendulum; fills the left side of the mouth, completely overlapping the teeth of the lower jaw, for which there are corresponding depressions, which are ulcerated; externally it extends nearly as far back as the meatus auditorius externus. Vision is not impeded, and both nostrils are freely open; she swallows well; there is a large cicatrix over that part of the tumor in the temporal fossa, where she had been keened, as it is called, by some irregular practitioner. The tumor presents a lobulated, hard feeling, without discoloration of the integuments.

Aug. 18, 1843. This operation was performed on the same day, immediately after the removal of the former patient from the operation room; it was performed in the same manner, with these differences: the incision through the angle of the mouth was commenced high in the temple, was carried over the zygoma, through the cheek to the mouth, and a crucial incision, an inch and a half long, in the course of the zygoma towards the ear. It was considered in consultation previous to the operation, necessary to remove the malar bone, which was readily done, the zygoma being found absorbed by the pressure of the tumor; it was only necessary to divide this bone near its upper angle into the orbit. The operation, although much more formidable, was performed with more expedition than the other, and three ligatures were required for bleeding vessels.

The tumor was of an uniform, hard, fibrous texture, and, by its pressure, had caused absorption of some portion of the coronoid process of the lower jaw, as well as the zygoma; it weighed about nine ounces

Ten, p.m. Pretty quiet; no vomiting; slight oozing of blood; pulse 140, and weak.

19. Nine, a.m. Slept tolerably; about three, a.m., vomited much blood; can swallow well; is quiet this morning; pulse 140, and very feeble.

Two, p.m. All the sutures, about twenty-four in number, were removed; the wounds were nicely glued together, and in good position.

Twelve, p.m. Pulse 134, small, and jerking; sleeps continually.

20. Ten, a.m. Has had a good night; is very feeble. To have arrow-root with wine.

23. Rather improved; the lint is becoming offensive and troublesome; the old cicatrix in the temporal region has ulcerated to the size of a silver fourpence, but this does not approach near the incision.

24. Feeling fluctuation between the cheek and lint, Mr. Smith removed all the lint, and a large collection of pus followed. The cheek is granulating healthily; no stool since the operation; an enema brought away a full solid evacuation.

25. The taste in the mouth much better; the cheek is paralysed, but sentient; it forms a large flabby pouch, which descends considerably below the inferior border of the lower jaw; the eyelid is depressed. Custard pudding and broth is allowed.

Sept. 13. To this period all has gone on well; the paralysis is gradually disappearing, and the cheek has been gradually contracting, day by day, until it has acquired its natural size. An attack of erysipelas of the jaw took place this day, which spread over the whole face and head, and considerably retarded the cure.

Oct. 6. There is still a slight tendency to œdema of the lower eyelid; the ulcer in the temple is now very small, about the size of a spangle. She is anxious to return home, and is discharged cured.

Photographic likenesses were taken of both these patients a few days before the operations; Mary Whitaker's was taken again three weeks after the operation, and Arabella Leeming's is to be taken when the ulcer is quite healed. These drawings were strikingly correct, allowing for the difference of a tumor on the right side being represented on the left.

The quantity of blood lost in these operations was not considerable, and it was not found necessary to compress the carotid; in Leeming's case, when the tumor was removed, the cavity exposed was awful to contemplate, and several well-seasoned students were overcome by the sight.

POSITION IN FRACTURES OF THE FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As this is a question of very great practical importance, inasmuch as on the adoption of one position or another mainly depends the happy or disastrous termination of fractures of this region, I think it is the duty of every one who has made any observations upon it in the course of practice, to publish them. I have observed, within the last few weeks, three of your correspondents defending ably each their own position. One gentleman, Dr. Chadwick, prefers the supine, and advances as his reason that the biceps rotates the upper portion of the radius outwards in fracture of that bone below the tubercle, and says our practice should be to follow the position of the upper portion in effecting reduction by rotating the inferior portion outwards also; or by supinating the hand, and preserving that position until union is effected; and this plan he recommends from practical experience. Another gentleman, "Semisupinus" (I am sorry he does not allow me to call him by his *real* name), tells us to place the limb in a position between pronation and supination, and his principal reason (for he advances many) is the irksomeness to the patient of the prone position. I must beg at once to state that experience teaches me, on no consideration whatever, to take the advice of "Semisupinus" in the treatment of fracture of radius below the tubercle. A third, Mr. Rodick, appears to have had his anatomical and physiological bumps highly stimulated to resistance by Dr. Chadwick's sound practical observations; Mr. R. observes, "The biceps cannot rotate the radius outwards, for it is in a state of positive relaxation, and, granting it its full active influence, if the fracture occur below the insertion of the pronator radii teres, the latter muscle will be more than a match for the former," &c.

Now, without waiting to discuss the assumed point in the latter part of this sentence, I would request Mr. R. to try the following simple experiment on the first patient he has with fracture of the radius above the styloid process, and below the insertion of pronator radii teres.

Grasp the radius above the fracture, and rotate inwards, and, while in that position, relax the hold of the bone, it will be rotated outwards with a jerk. Is that phenomenon the result of a relaxed or passive state of the biceps? My own opinion is, that it is caused by the action of the biceps and supinator radii brevis. Of seven cases of fracture of radius treated by me within the last year, two were treated on the semisupine, and five on the supine plan; in every instance the fracture was immediately above the styloid process, commonly called Colles's fracture. In the two treated on the semisupine plan, rotatory motion was in a slight degree impaired, and that notwithstanding the full employment of the means usually recommended to preserve the interosseous space. The instruments which I used to press the soft parts into the space, were two circular pieces of wood, each about an inch in circumference, enveloped in common wadding, and extending anteriorly and posteriorly from elbow to wrist, kept in situ by a moderately tight bandage—the fracture, of course, previously reduced—the same instruments were employed in the five cases treated on the supine plan, and with a result so highly satisfactory, that I am fully resolved to treat fracture of the forearm on no other plan whatever.

I am, Gentlemen,

Yours obediently,

T. O'Connor.

March, Combe, Nov. 13, 1843.

MALIGNANT PUERPERAL FEVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Towards the end of Mr. Fisher's remarks upon his interesting but dreadful cases of malignant puerperal fever, he proposes a modified plan of treatment, which he recommends for adoption upon a re-occurrence of such like cases. I quite agree with him in what he says about general bleeding, upon the use of leeches, upon soothing and supporting the system, &c. At the same time, I think one other modification would have made the plan of treatment laid down by him more judicious still. Mr. F. advises the internal exhibition of mercury (with the exception of a ten-grain dose of calomel to begin with), to be superseded by inunction, on account of the violent irritation which it produced, when given by the mouth, to the intestinal mucous membrane. To guard against, more effectually still, that complication, which has such a *very lowering tendency*, I would suggest that, instead of the very free exhibition of purgative medicines (alluding more particularly to Case V.), we should content ourselves with an *efficient but gentle* clearing of the bowels by mild means—such, for instance, as castor oil and turpentine in combination, followed by enemata.

Should you deem the above remarks worthy a place in your Journal, you will oblige me by their insertion.

I remain, Gentlemen,
Your obedient servant,
GEORGE HORTON.

Bromsgrove, Nov. 14, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, NOVEMBER 18, 1843.

We hardly know whether our respected associate, Dr. Jeffreys, will have thought the subject we are about to notice worthy his attention; but as it is to his exertions that we are indebted for a knowledge of what promises to be a valuable addition to our remedial means, and as the importance of these have been attempted to be undervalued, we are induced to make some observations upon a controversy which has recently arisen in respect to them. The matico, as the members of the Provincial Association well know, is a new remedy of great power, both externally as a styptic, and internally as an astringent, and was first introduced to public attention nearly five years ago by Dr. Jeffreys, who, in the "Lancet" of January 5, 1839, gave a short notice of its employment in South America as an application to wounds, for the purpose of checking hæmorrhage. At the anniversary of the Newton Branch of the Provincial Association, held in the month of June of the same year, the subject was again alluded to, and brought before the meeting. After an ineffectual attempt to introduce the matico more generally in September, 1840, arising from a spurious substitute having been sent from Valparaiso, Dr. Jeffreys at last succeeded in procuring a supply of the genuine article, and immediately, with great liberality, distributed specimens of the herb for trial amongst the members of the Association and others, whose opportunities or inclination might lead them to submit its reputed virtues to the test.

A good description of the characters of the plant, which appears to be the piper angustifolium of the Flora Peruviana, accompanied with a lithograph engraving, and an account of the results of the trials made with it, are given by Dr. Jeffreys in the last volume of the "Transactions of the Provincial Association;" and really we scarcely see how greater publicity could be given than through the medium of a work which commands an immediate circulation amongst upwards of fifteen hundred members of the profession belonging to almost every town of note in the kingdom. Some information of the employment of the herb amongst the Peruvians seems to have been obtained by Dr. Lane, of Lancaster, "about four years ago;" but, according to his own statement, he is indebted to the liberality originally shown by Dr. Jeffreys, in the distribution of the matico to the Lancaster Infirmary, for a knowledge of where the drug might be obtained, and for such a supply of it as could be readily transmitted in a letter, and was, at any rate, sufficient to make him acquainted with its external appearance. Now, without doing more than simply referring to the indefinite use of the term "about four years"—sufficiently indefinite, by the way, for one who complains of a similar want of precision in another—it is quite clear that, for any personal knowledge of the medicine which he may possess, and for the opportunity of trying its effects, Dr. Lane is indebted to the exertions previously made by Dr. Jeffreys—first, in procuring the importation of the genuine matico; and, secondly, in distributing, at considerable expense, specimens of the same throughout the country.

The experiments of Dr. Lane are valuable, as confirming what had been before advanced by Dr. Jeffreys and his correspondents, and as extending the application of the remedy to some other forms of disease; and we cannot but express our regret that, in bringing forward the merits of a new remedial agent, Dr. Lane should have been so ill-advised as to omit all mention of the name of the individual who, he well knew, had been mainly instrumental in introducing it into notice. The subsequent attack, when the omission was pointed out to him, upon so estimable an individual as Dr. Jeffreys, is quite unworthy of a member of our profession, and is certainly not justified by the tone of the remarks which were made by Dr. Scott, in giving the brief history of the introduction of the matico by Dr. Jeffreys, and which were rendered necessary by Dr. Lane's professed ignorance of, or imperfect ac-

quaintance with, the researches which had already been instituted. His excuse, or rather evasion, that Dr. Jeffreys had chosen to *bury* his production in the "Transactions of the Provincial Medical Association," will hardly pass current with those who know the extent of the circulation of that work, and the valuable nature of its contents.

It is with great satisfaction that we turn to a more pleasing subject—to one which derives its value from the illustration which it affords of the operation of those professional and Christian principles which, we trust, will ever distinguish the members of our community. The testimonial, recently so publicly given by the representative of a great nation to the conduct of our brethren in the pursuit of their high calling, and the lustre derived from such conduct to the character and institutions of our country, are what every member of our noble profession must appreciate and rejoice in. We allude to the eloquent remarks of the American ambassador, Mr. Everett, quoted by Professor Williams in his introductory lecture. "For what," said the ambassador, "was that which constituted the chief pride and glory of the British nation? They had heard of the intercepted letter from one Chinese chieftain to another; and what was the characteristic which had excited the admiration of the mandarin of a great and important empire, reeling at the time under the blows of the British government? Was it the military prowess of their countrymen? Was it the steam-vessels of war, reaching coasts in defiance of the desolating simoom? Was it their arms, their artillery, their skill of engineering, which civilised nations now brought to the strategy of war? Was it this, or any of these, which had struck with wonder, and awe, and admiration, the barbarians of China? No! It was the humanity of British physicians and surgeons—their management of hospitals, and the generous kindness which was extended to the sick and wounded, even of a hostile nation—which moved them with astonishment, and excited their sympathy and regard. These were some of the arts of peace which extorted the admiration of an enemy, and which other states would do well to imitate."

Can anything, as far as this world is concerned, be conceived more truly glorious to our country, more ennobling to our profession, than that such a testimony as this should have been spontaneously awarded by the distinguished individual referred to. We wish not to speak vain-gloriously; we would avoid even the appearance of claiming for our profession the praise which has here, through the voice certainly of an unprejudiced observer, been elicited; but we cannot refrain from expressing the confident hope that, amongst every contumely which our own government and its subordinate agents may be disposed to throw upon us, however our just requirements may be treated or disregarded, it will still be the animating principle of British physicians and surgeons to devote every energy of their minds and every resource of their knowledge to the alleviation of human suffering, wherever and among whomsoever it is to be found.

From daily and hourly intercourse with the sick and the suffering, the medical practitioner is himself scarcely aware of the comfort derived from his visits, or the effect of the passing expression of his sympathy. To form any estimate of the real value of these attentions, he must divest himself of his medical know ledge and skill, and place himself in the situation of those who, ignorant of all save their own affliction and suffering, look up to him, with a mixture of anxiety and confidence, for relief. How often does the mother watch unseen every turn of his countenance, while feeling the pulse or bending over the bed of her sick child! How often is a gleam of hope caught from the passing look of the moment, and strength to persevere in the administration of the assistance needed derived from the words of encouragement so seasonably bestowed. Closely, indeed, should the physician keep guard over his conduct in the sick chamber, when even a casual glance or expression is of such import; and let us ever remember that, where the resources of art fail in giving relief, kindness of manner, and the expression of sympathy, will often afford consolation both to the sufferer and to his family and friends. All, it is true, have it not equally in their power to benefit their fellow-creatures; all are not placed in the situation to excite a nation's admiration, to call forth a nation's gratitude, and, by their conduct in such a situation, to gain for themselves and for their country the purest and most imperishable fame. But all have it in their power to contribute to the comfort and call forth the sympathies of the individuals and family circles with whom they are thrown in contact, and, in following in private the high example set before them, may contribute towards the attainment of the same reputation for disinterestedness and benevolence among their own countrymen which their (we will not say more favored) brethren have attained amongst foreign nations.

QUACK ADVERTISEMENTS.

Our last Number contained two communications from gentlemen whose names had been exhibited in our pages in connection with certain apparently charlatanic advertisements.

Mr. Coulson's letter was short and to the point, and it at once asserted his innocence of the charge of advertising in a low, illiterate Sunday newspaper, edited by a man ignorant of grammar, if we may

judge by that short specimen of his composition which we admitted into our pages.

Dr. Eager's letter was long and furious, and showed how keenly he felt the good-humored remarks which we made on the handbill bearing his name. Dr. Eager's loss of equanimity is highly flattering to our *quack compelling* powers. We are sorry that they were for once exerted unjustly, but we cannot help it, if a friend is found cruizing under piratical colors.

Mr. Yearsley, who was shown by our humorous correspondent, "*Down East*," to be eulogised, as well as Mr. Coulson, in the "Weekly Dispatch," has also written to us on the subject. He denies that he has ever endeavoured to propitiate the favorable opinion of the editor of the "Dispatch," and declares that he knew nothing whatever of the notices in question till they appeared in print. This statement is corroborated by a letter from the editor of the "Dispatch." We have not room to insert the entire correspondence, but we trust that Mr. Yearsley will be content with this acknowledgment.

Although Mr. Yearsley takes leave of us in charity, not so his would-be patron, Mr. Brownrigg, of the "Dispatch." He has revenged himself by writing the following amicable critique, which we fear will cause us to be evil spoken of in every brothel and pot-house in London:—

"Provincial Medical Journal. — *Renshaw, Strand.*—This hebdomadal publication is edited by Dr. Hennis Green (green, indeed, he appears to be) and Dr. Streeten. We are perfectly unacquainted with either of these worthies, and we have made inquiries among our friends connected with the medical profession, without being able to ascertain their whereabouts, or with what tribe of practitioners they are connected. The 'Provincial Medical Journal,' then, our readers must know, is a sort of slop-pail, into which all the trash is poured that can be raked up among the tyros connected with the science of surgery, *and who* have an itch for writing. The work is certainly got up by the two doctor-editors as a speculation to enrich their own pockets, and unquestionably with no view to afford the slightest useful information to the class of individuals for whom it is professedly intended. With two such talented publications as the 'Lancet' and 'Medical Times,' we are astonished that the unknown editors should have been so perfectly insane as to launch another, and very inferior one in every respect, on the ocean of public favor. The two doctors had evidently some misgivings as to the success of their bantling, by making the *thing* a provincial affair. Certain it is, the professors of surgery in London laugh at it; and we have no doubt country practitioners will not be long before they find out its true value, which is *nil*. We shall return to this work if it exist another week, in order to expose the excessive folly and stupidity of the editors in thus foisting upon the public a pamphlet which abounds in nothing but trash, and that of the very worst description. It may be as well hereafter to inquire upon what grounds Messrs. Green and Streeten were admitted to their degrees."

No doubt Mr. Brownrigg invited all his medical friends to drink gin and water to the memory of Thomas Paine, and found, to our disgrace, that the Provincial Journal was unknown to them all.

We think it cannot be denied that it is the duty of a medical journalist to discountenance and ridicule quackery of every kind, wherever it may be found. Yet he should proceed cautiously, so as not to wound the feelings unnecessarily, nor to heap unjust aspersion on the head of a respectable man, who, as in one of the preceding instances, is a *charlatan malgrè lui*.

Now, the following advertisement has been forwarded to us from a country newspaper:—

"Diseases of the Chest.—Dr. Cullen, Stethoscopist (late of the Hotel Dieu and La Pitiè, Paris) may be consulted for a short time in Clifton, at No. 5, Sion-row (opposite the Observatory).

"Having for several years had great experience, and devoted his unremitting attention, in Great Britain and on the Continent, to the *pathology of diseases of the chest*, he has acquired *an unusual degree of skill* in their investigation, and, by examination with the pleximeter and stethoscope, is enabled, in all cases, to *determine with unerring precision the exact state of the* lungs and heart, to detect their slightest alteration from health; and from his knowledge of many valuable remedies and *recent improvements*, as yet not much used in this country, to prescribe for those consulting him such measures as are best adapted to their cases and most likely to restore to health.

"He may be seen as above, at 5, Sion-row, or will visit out of doors. Fee, Five Shillings.

"Dr. C. was for ten years resident surgeon to a large Hospital, and has been Pupil to Drs. Louis, Andral, and Piorri, of Paris, celebrated over Europe for their discoveries in this class of diseases."

We will not do Dr. Cullen the injustice of casting on him the imputation of having inserted this disgraceful advertisement. The pupil of Louis, Andral and Piorri, the professor of unusual stethoscopic skill, surely need not hawk his wares so publicly. Some grateful but injudicious friend, who has experienced the fruits of his skill, must have inserted it without his knowledge and against his consent. But Dr. Cullen must be conscious that such an advertisement is most unfair towards his brother practitioners, who are many of them, perhaps, as good stethoscopists as he; and, further, the whole profession is degraded when a physician advertises like a blacking-maker or dancing master; he will, therefore, feel deeply grateful to us for enabling him openly to repel the charge of such odious quackery.

REVIEWS.

On the Feigned and Factitious Diseases of Soldiers and Seamen; with Hints for the Examination, and Rules for the Detection of Impostors. By Hector Gavin, M.D., &c. 8vo. pp. 416.

This work appeared originally—as we are informed in the preface—in the spring of 1836, in the form of a thesis, to which a prize had been awarded by the Professor of Military Surgery in the University of Edinburgh. The favorable reception it met with from Sir James M'Grigor and the army medical officers has induced the author to extend the work to its present size, and in so doing he has added considerably to its utility in a practical point of view. Indeed it is now the best and most complete monograph on feigned and factitious diseases which we possess, and bids fair to supersede all other works on the same subject.

The study of this class of diseases was much neglected until of late years, when the attention of the army and navy surgeons was roused to it by the increasing number of cases of glaring imposition which were daily occurring and pressing heavy on the pension list. The great extent, says Dr. Gavin, to which this practice of feigning and dissembling disease prevailed, the frequency of its successful imitation, the great pecuniary loss and numerous bad effects of the successful examples of fraud and imposition upon the discipline of the army and navy, have been the means of forcibly directing the attention of the military and naval medical officers to the observation of feigned diseases and the best means of detecting them, and have now rendered their study an important branch of the education of the military and naval surgeon.

Feigned diseases are not confined to the army and navy; their occurrence amongst the patients of our hospitals and dispensaries, is by no means rare; on the contrary, these charitable institutions are frequently abused by impostors of this kind, and to a greater extent than is easily credited. Even in private practice cases of this kind are not unfrequently met with, especially amongst females; many of them, also, become the subjects of legal investigation, and require medical testimony to be given in courts of law, for which reason alone every practitioner of medicine should make himself acquainted with the tricks and deceits by means of which both mental and physical disease is so often successfully feigned by the class of impostors above mentioned.

Dr. Gavin proposes to arrange the various alleged corporeal disabilities under four heads:—1st, Feigned or purely fictitious diseases; 2d, Exaggerated diseases, or those which, existing in some form or degree, whether arising with or without the patient's concurrence, are pretended by him to exist in a greater degree or in a different form; 3d, Factitious diseases, or those which are wholly produced by the patient, or with his concurrence; 4th, Aggravated diseases, or those which originated without any design on the part of the patient, but which were afterwards increased by his use of artificial means.

The numerous and varied subjects which come within the range of this classification, are elaborately described by the author. He has evidently taken up the subject *con amore*, and the work throughout bears abundant evidence of his zeal, industry, and laborious research in the task he has undertaken. Independent of its professional value, the volume is exceedingly entertaining, inasmuch as it contains numerous curious cases illustrative of the ingenious tricks and devices put in practice by malingerers, with the view of deceiving their medical attendant, and of obtaining their discharge from the service. The chapters which treat of feigned madness and moral insanity, are particularly interesting, especially with reference to the opinions recently pronounced in a court of law on these important subjects. We can recommend them to the attention of our readers, as containing many useful and instructive hints for the purpose of guiding medical witnesses when called upon to deliver an opinion on suspicious cases before a legal tribunal.

New Methods of Alkalimetry, and of determining the Commercial Value of Acids and Manganese. By Drs. C. R. Fresenius and H. Will, Chemical Assistants in the University of Giessen. Edited by J. Lloyd Bullock. London: Taylor and Walton, 1843. pp. 152.

We need not speak of the great importance of the alkalies in various departments of art and manufacture; and since in their crude state they always contain more or less foreign matter, it is very necessary to ascertain their rate of purity, in order to determine their commercial value. The plan hitherto pursued for this purpose has consisted in ascertaining how much sulphuric acid was required in order to neutralise the alkali contained in a given weight of the article as brought to market; but this plan is open to many practical objections. It is difficult to insure uniformity of strength in the acid used as the test; it is equally difficult to determine the exact point of saturation; and it is impossible to avoid errors arising from the presence of variable quantities of the alkaline and earthy silicates and phosphates, and of the alkaline sulphites—substances which neutralise the sulphuric acid in the same way that the alkaline carbonates do, but which do not possess the properties which confer their value on the alkalies. In order to avoid the uncertainties arising from these impurities, another method has been adopted, which consists in estimating the quantity of carbonic acid contained in a given sample; which, as the combining equivalents of bodies are always fixed and determinate, will enable the quantity of alkali to be easily calculated.

The new method of alkalimetry, which Drs. Frese-

nius and Will advocate, is an improved method of estimating the exact quantity of carbonic acid. A certain weight of the alkali to be examined is dissolved in water, and put into an apparatus, which contains some sulphuric acid in a separate vessel. The whole apparatus with its contents being then carefully weighed, the sulphuric acid is caused, by very simple means, to mix with the alkali. Of course it expels the carbonic acid, and the apparatus is so contrived that the whole of it is expelled without carrying any water with it. The apparatus is lastly weighed afresh, and then the loss of weight indicates the exact quantity of carbonic acid expelled, from which the quantity of alkali can easily be computed. The authors give easy methods of correcting any incidental errors. The principle of their method of acidimetry is the same. Their manner of determining the commercial value of oxide of manganese is founded on the circumstance that oxalic acid ($C_2 O_3$) is, by combination with an additional equivalent of oxygen, converted into two equivalents of carbonic acid ($C_2 O_4$); and it consists in ascertaining how much oxalic acid can be converted into carbonic acid by the oxygen contained in a given weight of the manganese. The apparatus and principle of using it are the same that are employed for the preceding cases. We do not doubt that the labors of Drs Fresenius and Will will be fully appreciated by the manufacturing community.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 4, 1843.

Bernard Rice, Esq., in the Chair.

Dr. Fletcher exhibited to the society the left lung, in which there was an ulcerated portion which had laid open numerous branches of one division of its bronchus, so that they communicated with the cavity of its pleura; a hepatised portion of the right lung, and a kidney, from a patient who had died from the effects of emphysema and Bright's disease of the kidney.

John Smith, aged thirty-four, a bricklayer and boiler-setter by trade, now in a very emaciated state, says he always enjoyed good health, and was a strong man until eight weeks since, when he was attacked by violent cold, sore throat, and a severe pain in the left side, which was much increased by inspiration and coughing, accompanied by great fever and heat. For this he was actively treated, was bled and blistered, and took antimonial medicines. The pain in the side had gradually left him; he has now expectoration of pus to a very considerable extent, to the amount of more than a pint in the course of the day and night, which has existed about six days, and still continues without diminution.

Present State.—He has great difficulty of breathing on the sightest exertion; cannot lie on the right side; his countenance expresses great anxiety; he is thirsty and feverish, and has a white tongue, and a pulse of 120; makes water freely, and his bowels are open.

Examination of the Chest.—The chest measures thirty-seven inches round over the nipples, the right measures eighteen, and the left nineteen. The respiratory motions are nearly absent on the left side, and are greater than normal on the right; the heart beats just on the right side of the sternum.

Percussion.—The left side of the chest sounds dull all below the level of the second rib, when the patient sits with the body erect, above which the sound given out by percussion is sonorous, and the line of demarcation between the dull and sonorous sounds varies according to the position the patient is placed in. If the chest is bent forward, the level of the dull sound rises above the level of the second rib; if the chest is reclined, it sinks below; and a corresponding reverse of the rise and fall of the level of the dull sound takes place at the back of the chest in the different positions in which the patient is placed. The right side of the chest sounds more sonorous than normal all over, except at the situation of the heart. Succussion gives no sign.

Auscultation. — No respiration is heard in those parts of the left side of the chest which are dull on percussion, but it is heard superiorly where the sound is sonorous, more especially in the posterior parts of the humeral and upper part of the interscapular region, and bronchial in its character. Puerile respiration is heard all over the right side of the chest, except where the heart is situated. Pills of the compound rhubarb pill, with small doses of ipecacuanha, were prescribed at bed-time; the following draught three times a-day :—

Disulphate of quinine, three grains;
Tincture of opium, five minims;
Syrup of red poppies, one drachm;
Water, eleven drachms.

And a linctus, containing hydrocyanic acid, to be taken when the cough is troublesome.

25. The patient seems on the whole better, the level of the fluid is somewhat lower, and, as the medicines appear to be borne well, they are to be continued, and a blister, 12×8 inches, placed upon the left side below the arm. Expectoration goes on freely.

Oct 27. The patient appears better; the medicines agree and the blister has risen well; the level of the fluid is now as low as the third rib anteriorly when the patient is sitting with the chest erect; the chest measures now thirty-six inches over the nipples, of which the right measures eighteen, and the left eighteen, so that it has diminished an inch; expectoration has increased.

30. The level of the fluid is now down to the level of the fourth rib. The chest measures thirty-five inches and a half; the left side, having diminished half an inch, measures seventeen inches and a half; whilst the right side still measures eighteen inches. The patient is now able to lean on the right side; tintement metallique is now heard at the posterior part of the left side of the chest, and respiration is heard much lower down, cavernous in its character posteriorly; the patient is generally improving.

Nov. 4. Improving in all respects. To continue the pills and mixture.

Simple ointment, one ounce;
Tartar emetic, half a drachm. One drachm to be well rubbed into the right side night and morning.

6. Same reports, except that the cough is at times very troublesome, without expectoration.

Ipecacuanha wine, oxymel scillæ, and tincture of camphor, of each one ounce. Mix. A teaspoonful when the cough is troublesome.

10. Œdema of the legs and feet; otherwise improving; the respiration on the left side of the chest is heard lower down, and the whole side sounds better on percussion; tintement metallique is still heard.

29. Œdema increased; the urine is scanty; generally weaker, but the left side of the chest is improving in physical signs; expectoration has continued to the amount of a pint in twenty-four hours; the left side of the chest is very much diminished in size, and the heart has gained the left side of the sternum. A small abscess is now discovered pointing just under the seventh rib on the outer side of the region of the heart, which evidently communicates with the cavity of the pleura, as the contents can be pressed into the chest.

Dec. 7. The abscess has increased. It was now punctured by Mr. Amphlett, and more than a pint of pus escaped.

14. Expectoration has ceased; the abscess has continued to discharge; the patient continues generally in the same state.

20. The same state since last report; the expectoration and discharge from the abscess have alternated, at times the expectoration has returned when the abscess has ceased to discharge, and, upon the abscess again discharging, expectoration has ceased; from this it was evident that the abscess did not discharge sufficiently to empty the cavity of the chest. An attempt was consequently made to pass a probe or director into the sinus, and dilate it; but this was found impracticable. This state continued, the patient gradually getting weaker, and the œdema increasing, and the kidneys remaining inefficient in their action, until six, a.m., January 18, when the patient died suddenly in a fainting fit.

Sectio Cadaveris, Twenty-four Hours after Death.

Body much emaciated, and swollen from general anasarca; an ulcerated opening on the left side of the chest, just on the outer side of the region of the heart, and below the seventh rib.

Head not examined.

Chest.—Right side: adhesions of the pleura; lung large, and very œdematous, and the seat of hepatisation in its middle lobe, and not crepitant in any of its extent; the hepatised portion sank in water, and the lung generally very imperfectly floated. Left side: pleura imperfectly divided into two cavities by adhesions, which were besides very general, and lengthened to from an inch and a half to two inches, and appeared thickened and very old, and the pleura itself much thickened. The upper cavity contained about a pint of purulent fluid. The walls of the lower cavity were covered with purulent fluid, and underneath the seventh rib, which was carious in this situation, a pustulous canal formed a communication between the cavity of the pleura and the external wound. The lung generally crepitant, and in its structure healthy, except that it was reduced to about a third of its normal size; and at its most depending portion there was an ulcerated cavity, large enough to contain a small walnut, by which the bronchi communicated with the cavity of the pleura. This cavity was situated opposite to the external orifice of the sinus which communicated externally. The lung was in structure much more healthy than its fellow, and generally pervious to air.

Heart quite normal in structure, and all its cavities quite empty.

Abdomen.—Liver about double its normal size, and fatty. Spleen, pancreas, stomach, and intestines healthy.

Kidneys.—Left half as large again as normal, yellowish white in color, and granular in the second stage of Bright's disease. Right, about a fourth larger than normal; much congested in the first stage of Bright's disease. Ureters and bladder healthy.

Dr. Fletcher said that this was a case which had been of great interest to him, and its result served to confirm his views relating to the operation of paracentesis thoracis, in cases of empyema. He felt sorry that he had not seen the case before any communication had taken place between the bronchi and the cavity of the pleura. Then the operation would have been agreed to without the slighest opposition; as it was, he did propose the operation, but was overruled by objections from his medical friends, which he could not controvert—namely, that the patient was emptying the cavity of the pleura by expectoration, as evidenced by the lowering of the line of demarcation by percussion, and was also improving in his general health. But he thought that the result of the case and the state of the lungs, as found at the post-mortem examination, proved that the operation was as necessary at the time he first saw the case as it was before the communication between the bronchi and cavity of the pleura took place; and, as a proof that the very imperfect communication with the bronchi was not equal to empty efficiently the cavity of the pleura, the formation of the fistulous opening externally was sufficient evidence. Thus, although there was a communication with the bronchi in this case, by which was yielded, by expectoration, more than a pint of pus in twenty-four hours from the cavity of the pleura, still this was not sufficient to prevent the formation of an external aperture, showing that if this had been previously effected by art, the patient would have been in a better state, and may have had a better chance. Dr. Fletcher would not say that the life of the patient would have been saved, for another cause of death presented itself at the post-mortem examination—namely, the diseased kidneys; and the state of other organs proved that the patient had not enjoyed that immunity from disease which he had stated.

Dr. Fletcher said he could not let pass the opportunity this case afforded him to speak of the operation of paracentesis thoracis, which he considered one of great importance and utility, and especially as, from the valuable and correct signs of diagnosis of the disease, and the easy practicability of the operation, it was likely to get into the hands of all practitioners of surgery and medicine; so that it behoved us to have well-founded notions to guide us in its performance, to be well acquainted with the cases in which it is required, to be aware of its defects, its merits, and the objects really to be sought for by its means.

All writers on the subject seemed to join (which Dr. F. most cordially did) with Dr. Forbes in considering "that it is a measure which has frequently proved successful, and that, too, in a disease which is generally, if not always, beyond the influence of medicine, and too often beyond the power of nature to remove." Nor is it Dr. Fletcher's opinion that the very unfinished paper which has been published of the late Dr. Hope's at all lessens the statement of Dr. Forbes, although it is there stated that by blisters, mercurials, diuretics, and, where hectic had set in, combined with mineral acids, he had cured thirty-five cases consecutively during the space of four years; for what is this when the number and the class of patients is considered? Dr. Hope mentions having seen 15,000 out-cases at St. George's, from which these cases are taken; the only wonder was that he had not found a greater proportion to so large a number. Dr. Fletcher said he found a greater proportion amongst his patients at the General Dispensary, and said that it must also be borne in mind that at St. George's Hospital, even the cases of effusion into the pleura, which Dr. Hope had, must have been necessarily slight, or they would have been admitted in-patients of the institution. Dr. Fletcher said that many cases, he knew, gave way under the treatment Dr. Hope had mentioned, and in many Nature, unassisted, effected a cure. He had seen one very severe case effectually cured, under the care of M. Bouillaud, in La Charité, by his method of bleeding, "coup sur coup;" but he had had three cases which had resisted severe, continued, and well-directed treatment, and had afterwards yielded to the operation of paracentesis thoracis, two of which were so perfect in their cure as to require a close investigation before a stranger would be aware that any disease had ever existed, and in one (which he had published in the "Lancet," Vol. II., 1840-41, page 716) there is only the cicatrix in the side left to indicate it.

Dr. Hope's statement, that empyema does not cause death without some complication, Dr. Fletcher said, he could distinctly contradict. He had seen, at a post-mortem examination, no other cause for death than an effusion, to a great extent, into one of the cavities of the pleura, and knew of other cases which had been reported to him by medical gentlemen, and he did not hesitate to appeal to the profession generally on the subject. He believed that this cause of death has been sufficiently common as to have been known to most who have been diligent in seeking post-mortem examinations.

Dr. Fletcher said that the success of the operation of paracentesis thoracis, and its utility and necessity, having been established, it only remained to consider what danger attended it; and considering it to be performed with common and ordinary discretion by a medical man, intelligent and fairly informed, he did not think there was any great risk attending the operation; and, as evidence of this statement, he alluded to the very little mischief attending punctures of serous membranes generally, and wounds of the thorax particularly, providing they were not complicated by the injury of any important viscus.

With respect to the use of the grooved needle of the late Dr. Thomas Davis, which had been said by that gentleman to indicate the nature of the contents by allowing the fluid to run along the groove which passed into the cavity containing the fluid, Dr. F. could only say that he had had two cases with Mr. Crompton, in which the use of the grooved needles did not at all enlighten them on the subject for them to act, as Dr. Davis said he believed that the parietes of the chest must be very thin, and also that the fluid must be thin in consistence; and he believed that the use of a small trocar would do no more mischief than the needle, and had the advantage of substituting one operation for the two recommended by Dr. Davis.

There were reasons depending upon the physiological action of the lungs in inspiration which induced Dr. Fletcher to believe that when all hope of subduing the effusion by the ordinary means appeared lost, the earlier the operation was performed the better, and the more likely was the patient to be *cured*, and left with the lung of the diseased side in its full integrity, and unimpaired in its functions. In severe cases of pleurisy there was a layer of lymph thrown out upon the contracted lung, which bound it down, and prevented its ever again expanding. Now, it was a great object to get away the fluid that pressed upon the lung before this layer of lymph was sufficiently firm to have this effect, which permanently prevented the use of the organ, and prevented the expansive power of the lung in inspiration. The existence of this expansive power of the lung has been long the subject of controversy, but Dr. Fletcher had no doubt that it existed. Cases of hernia of the lung are noticed as tumors which rise on the motion of inspiration, and contract during expiration. Dr. Fletcher had seen a case of this kind of a tumor situated on the right side of the chest, which was under the care of Mr. De Kane, of Wolverhampton, which rose up during inspiration, and the air was heard at the same time rushing into it, and was effaced during expiration. A contracted lung, which had been taken from a patient who had formerly suffered from a pleurisy, was during last year brought before the society by Mr. Russell, in which the lung had pushed itself out into hernia—like projections through portions of the organised layer of lymph by which it had been bound down; and to prove that the lung may retain its healthy structure after considerable pressure, this lung may be referred to as nearly approximating to a healthy condition after years of compression. And in the case now before the society, the lung of the diseased side was much more healthy than its fellow, and was the one by which alone respiration could have been carried on; so that in case the lung is relieved from compression before the lymph is sufficiently firm to bind down the lung permanently, it may be expected to resume its functions. Such facts bring us to this point relating to the operation of paracentesis thoracis—that as soon as it is clear that medical remedies fail, the sooner the operation is performed the better.

Mr. Rice then brought before the notice of the society an instrument he had found exceedingly useful in the treatment of a case in which it was necessary to puncture the bladder above the pubes, and keep an instrument continually fixed in the bladder to draw off the urine. It was his own invention. The following is the case in which it was used:—

John Ross, aged seventy-two, suffered from reten-

tion of urine from stricture and enlarged prostate. The bladder was tapped about the pubes, in consequence of the advanced age of the patient, as it was considered improper and unsafe to attempt to cure the stricture. The sharp edges of the canula of the trocar, when reintroduced after having been withdrawn, caused much irritation and pain. A catheter, with apertures at the side and stop-cock, was then made for him, which he was able to wear with great comfort, but this still produced irritation on being taken out to be cleaned. A catheter was then made with an aperture drilled into the centre of the end. This instrument answered very well; it could be withdrawn and returned without pain or inconvenience. He lived several years, and returned to his work, and improved so much in flesh as to require the catheter to be lengthened several times, the only difficulty in the case being that of having the catheter of sufficient length to keep it in the bladder, but not so long that by any change of position of the patient it might be pressed against the mucous lining of the bladder on the opposite side. The patient died after living in comfort by the use of this instrument for about three years, from English cholera, brought on by eating fruit in excessive quantities.

Mr. Elkington then brought forward a liver affected with cirrhosis, which had been taken from a male child, only eight years of age. He said he had seen the child only a few days before death. He was dropsical, and had frequent sickness. He had been subject to hæmorrhage from the nose about once a-week from the time of birth. On examination of the body, there was found general anasarca, and all the organs of the body healthy except the liver, which was generally affected with cirrhosis, and about two-thirds only of its normal size. The gall bladder of a green color, and full of dark colored mucus.

Mr. Elkington presented a monstrosity in a case of twins united by the anterior part of the abdomen about the epigastric region, somewhat similar to the Siamese twins. One placenta and one short cord, about a foot in length, had served both the children. One of the children breathed when it was born, but very soon died. In the labor the whole of the first child was born, then the hand of the second presented, the feet of which were brought down, the turning effected, and the child born without difficulty.

The case was referred for dissection, which Mr. Elkington was requested to do, and bring forward the report at a future meeting.

RETROSPECT
OF THE
MEDICAL SCIENCES.

OBSERVATIONS ON RANULA. BY M. JOBERT (DE LAMBALLE), SURGEON TO THE HOPITAL SAINT LOUIS.

M. Jobert remarks that tumors of various kinds have been confounded under the common term *ranula*, which he proposes to limit solely to the tumor formed by an obstruction of one of the Whartonian ducts. Having spoken of the variety of measures resorted to for the cure of this affection—namely, puncture, caustic, excision of a portion of the cyst, extirpation of the whole cyst, setons and injections—none of which he observes can be entirely depended on—he gives the results of two cases which he has treated, on what it is now fashionable to call an *autoplastic* method, which may be briefly described thus:—

The tongue being raised and pushed backwards, an assistant seizes one side of the tumor with a forceps, and the surgeon the opposite side, so as to steady it thoroughly; he then removes from the anterior surface of the cyst a portion of the mucous membrane—elliptical in form, about three lines broad, and from six to eight lines long. This is removed without opening the proper cyst of the tumor. The cyst is next opened in its whole extent, and the viscid albuminous looking fluid which it contains is discharged. Then the edges of the cyst are turned outwards to either side, and one stitch is passed on each side through the edge of the cyst and that of the mucous membrane, so as to confine them together.

In the two cases which M. Jobert relates, this operation was followed with no ill consequence whatever. The saliva flowed profusely for the first few days, but this was soon restrained within its normal limits; the cyst contracted, and there merely remained an aperture, through which the saliva discharged itself naturally.

M. Jobert observes that, whether the tumor consist of an accidental mucous cyst, or of an obstructed Whartonian duct, this method of cure is equally efficacious. The object in both maladies being to provide a permanent means of escape for the contained secretion.—*Annales de la Chir.*, Sept., 1843.

A CASE OF SPINA BIFIDA SUCCESSFULLY TREATED BY REPEATED PUNCTURES. BY ALEXANDER H. STEVENS, M.D., NEW YORK.

October 17 1837. An infant, daughter of Mr. Leach, of Skeneateles, eight months old, was operated on by Dr. Stevens this morning for spina bifida. The tumor was seated over the upper part of the sacrum, about three and a-half inches broad from side to side, nearly the same in a vertical direction, and rising about two inches above the surrounding surface, indented along the middle vertically by a thick irregular band of integument. The covering of the tumor was not healthy skin, but a peculiar thin membrane of a reddish color, traversed by numerous vessels like varicose capillary veins. The healthy integument formed a hard edge at its line of union with the covering of the tumor. The whole swelling was somewhat pendulous, narrower at its base than about the middle, and in size held about the same relation to the size of the infant as it did at the time of birth. It had been once punctured with a needle, when the child was only a few weeks old. The wound, which had never cicatrised fairly, is now covered with a sort of scab.

In the operation to-day it was punctured with an iris knife, and about four ounces of clear serum, tinged with a few drops of blood, issued from the puncture in the integuments. The child did not appear to suffer any inconvenience from the evacuation of serum, but it produced a slight sinking at the anterior fontanelle. The child's general health is good. There did not appear to be any deficiency of bone about the outer portion of the base of the tumor. The healthy integument mounted a few lines above the base,

before giving place to the peculiar envelope above noticed.

20. The tumor was again tapped on the right side. Not more than an ounce of serum escaped.

21. The tumor was again punctured in three places along its lower edge on the verge of the sound skin. About four ounces of serum escaped without any bad symptoms. The tumor is now somewhat shrivelled, but the diminution does not appear equal to the amount of fluid evacuated.

30. The fluid continued to ooze slowly for nearly twenty-four hours after the last punctures. Since that period, the child has been drooping and fretful, with some febrile symptoms, perhaps partly owing to her teeth. Recently, the sac of the tumor has become inflamed; and within two days, the child has been observed to keep her left leg drawn up, and to cry when it is disturbed. She has taken little or no medicine, excepting a slight dose of magnesia. The tumor is kept wet with a spirit-lotion. The anterior fontanelle is considerably depressed.

The tumor was not punctured afterwards. The febrile symptoms and spasm of the muscles, soon subsided, and in a few days the little patient returned with her parents to the country. At a second visit to the city in the spring, or summer following, the child was again presented to us for examination. The sac of water had disappeared, and all that remained of it was a small bunch of indurated and corrugated integument.—*New York Journal of Medicine* for Sept., 1843.

MR. WALNE'S THIRD CASE OF EXTIRPATION OF THE OVARY BY THE LARGE ABDOMINAL SECTION.

The patient was not quite twenty. More than four years ago it had been observed that she was larger in her person than was natural. She herself is of opinion that at a much earlier date she had been unnaturally large, and believes that her complaint originated in an attack of inflammation, for which leeches had to be applied to the abdomen, when about eleven years of age.

From the time at which the nature of her case became known she underwent various courses of medical treatment prescribed by experienced practitioners. Mercurial alteratives, repeated emetics, an ointment rubbed upon the skin of the abdomen till it produced an appearance like erysipelas, and a variety of other remedies, were duly tried, but her size continued to increase gradually, no benefit whatever being derived from any of the means employed. For six months before, with the exception of a short trial of garlick in gin, and broom tea, which some friends recommended, and which were of no service, all medicines had been discontinued.

She began to menstruate in her fourteenth year, was quite regular in that respect from the first, and always continued so, never experiencing any material suffering or inconvenience on those occasions. At about fifteen she went through a fever, but was never again affected by abdominal inflammation from the time of the illness which occurred when she was not more than eleven years old.

On examination, Mr. Walne found the abdomen as prominent as at the full period of pregnancy, with greater fulness towards the loins. The tumefaction was circumscribed, very regular, and distinctly fluctuating; the health in all respects good; not the slightest sign of general dropsy present, and the uterus perfectly natural. Mr. W. could find no circumstance to create a suspicion of the existence of adhesions, and she had never been tapped. Though of a tall, rather slim general figure, and thin in person, she measured forty inches in circumference.

The patient was prepared for the operation by abstinence, aperient medicine, and a small bleeding. The day first fixed for it was the 1st of September; but, as the catamenia appeared on that day, it was postponed till the 12th. A good basin of beef-tea, and an injection of warm water, were given on the afternoon of the operation.

Having no purpose (says Mr. Walne) of deviating from my former plan of operating, though under no pledge to its invariable adoption, I proceeded to make the preliminary or exploratory small opening of an inch and a half in the linea alba, and below the umbilicus. Meeting with no unusual circumstance, unless the jet of a small artery be thought such, it was soon completed, and the abdominal cavity entered. The state of the cyst, as far as the finger can ascertain it, was made out. A momentary pause was asked by my patient to draw breath. The wish was opportune, as the granting it gave time for the bleeding artery to contract. Having mentally measured, by the bulge of the abdominal skin caused by the tumor, of what size the incision need be, I now divided the integuments from above downwards in the median line of the abdomen, slightly deviating to the left at the umbilicus, and having reached the preliminary section at its upper end, I then prolonged their division downwards from its lower end to the requisite extent. Of the nineteen inches and a fraction, the distance from the point of the ensiform cartilage to the pubes, fourteen were occupied by this extended incision. When completed, I promptly took my curved probe-pointed bistoury, and, by the guidance of two fingers of my left hand, divided the peritoneum from within to a like extent. An enormous cyst gradually advanced through the wound. Mr. Beale carefully and effectually covered the viscera by closing the integuments behind it. Mr. Law sustained the weighty mass of disease. The broad uterine ligament of the left side constituted its pedicle, through which, under the protection of my own fingers, I thrust, from behind it, a needle armed with strong silk twist. The two halves of the pedicle were separately and tightly tied, and then it was divided between the ligatures and the tumor; the latter, weighing 28 lbs., being immediately removed without impediment from adhesion. No bleeding followed the division of the pedicle, which I tied with great force, having complete confidence in the strength of my ligatures, and believing that the period of their dislodgment depends much on the degree of constriction given to the substance of the pedicle in tying them. Having carefully but gently removed the blood collected at the lower part of the abdomen, and near the edges of the wound which had alone furnished it, I applied thirteen interrupted sutures; placed long pads of lint on each side, but a little away from the line of the wound, and over these applied strips of plaister, extending from one side of the body to the other, securing the whole by the bandage. Dr. Blundell

had previously examined the other ovary, and found it healthy. Nothing could exceed the firmness of my patient's resolution. She had uttered no exclamation. Being now, however, somewhat faintish, she sipped a little brandy and water. After being placed in bed, slight vomiting occurred, and a very little brandy by itself was taken. An anodyne of quarter of a grain of acetate of morphia, in an ounce and a half of camphor mixture, was given at about six o'clock, to be repeated in half an hour. I left her after the first had been taken, with a pulse of 88.

The patient went on admirably well after the operation, and her general management was most judicious. She was considered quite convalescent on September 29, although the ligatures had not yet separated. The tumor consisted of a single principal cyst; a moderate portion of solid matter in a highly vascular condition; the Fallopian tube stretching away to its fimbriated end, at a distance of some fifteen inches from the division of the pedicle; and the subjoined dimensions are all the particulars that need be noted:—When lying, its circumference measured horizontally, three feet eight inches and a half; vertically lengthwise, three feet two inches; and vertically across, two feet ten inches and a half. It weighed twenty-eight pounds imperial weight.—*Med. Gaz.*, Oct. 13, 1843.

INFLUENCE OF EMPLOYMENTS UPON HEALTH.

The following summary embodies the conclusions to be drawn from an elaborate and valuable paper, published by Dr. Guy, in the last number of the Journal of the Statistical Society.*

1. In females, the ratio of cases of pulmonary consumption to those of all other diseases, is highest in those following sedentary employments, less in those having mixed in-door occupations, and least of all in those employed out of doors. The highest ratio occurs in the case of females whose habits of life are irregular (prostitutes).

2. In men the ratio of cases of pulmonary consumption to those of all other diseases, is somewhat higher in those following in-door occupation than in those working in the open air.

3. The ratio of cases of pulmonary consumption to those of all other diseases, in the case of men following in-door employments, varies inversely as the amount of exertion, being highest where there is least exertion, and lowest in employments requiring strong exercise.

4. Neither a constrained posture, nor exposure to a high temperature, nor a moist atmosphere, appears to have any marked effect in promoting pulmonary consumption.

5. The ratio of cases of pulmonary consumption to those of all other diseases, is highest in the case of men whose employments expose them to the inhalation of dust, there being in persons so employed two cases of consumption for less than three of all other diseases.

6. The ratio is also high in the case of persons exposed to habits of intemperance, there being two cases of pulmonary consumption to five of all other diseases.

7. The age at which pulmonary consumption makes its attack, varies with the employment, being earlier in those occupations characterised by a high ratio of consumptive cases. Thus it is earlier in those following in-door occupations than in those employed in the open air, and in those using little exertion than those using much. It also occurs very early in those exposed to the temptation of intemperance, and in those whose occupations lead to the inhalation of dust.

The practical rule to be deduced from the preceding observations is, that those persons who have an hereditary tendency to consumption should make choice of occupations which are carried on in the open air; that if they are obliged to choose some in-door employment, it should be one requiring strong exercise; and that they, more than others, should avoid exposure to dust and habits of intemperance.

* Contributions to a Knowledge of the Influence of Employments upon Health. By William Augustus Guy, M.B., Cantab., Professor of Forensic Medicine, King's College, and Physician to King's College Hospital, &c.

CHRONIC RHEUMATISM OF THE CERVICAL PORTION OF THE SPINE, FOLLOWED BY PARAPLEGIA—CURE BY STRYCHNINE.

A journeyman, aged fifty-nine, of sanguine temperament, subject to rheumatic pains, had experienced, about a year ago, his last attack of rheumatism, which had left in the cervical region of the spine a considerable swelling, extending to the left side of the throat, where several tumefied lymphatic glands appeared. The movements of the head were difficult and constrained. In about six months' time he perceived a remarkable weakness of the upper and lower extremities. He found more and more difficulty in walking, and could scarcely grasp things with his hand. He felt some formications in his limbs, but no contraction. The sensibility appeared to be natural.

The day after his entrance into the hospital (la Charité) it was discovered that he was not able to void his water, and his stools passed involuntarily; this he ascribed to the fatigue of his journey. A cautery was applied to each side of the tumor in the neck. Pills of strychnine were prescribed, the dose of which was raised progressively from one-eighth to one-third of a grain. At the end of five days from the commencement of this treatment he began to feel twitchings in his lower extremities. On the eighth day all the movements were entirely restored; there did not remain the least trace of paralysis either of the extremities, of the bladder, or of the rectum. A short time afterwards he was discharged perfectly cured.—*L'Expérience*, Oct. 26, 1843.

CASE OF OVARIAN TUMORS, BOTH THE RIGHT AND THE LEFT BEING REMOVED AT THE SAME OPERATION. BY JOHN L. ATLEE, M.D., OF LANCASTER, PA.

Our transatlantic friends are *going a head* in the adventurous operation for the extirpation of diseased ovaria. Mr. Foltz, surgeon in the U.S. Army, has reported in the Sept. Number of the "New York Journal of Medicine" the case of a woman from whom his friend Dr. J. L. Atlee had removed *both ovaria* seven weeks previously.

"The patient," he says, "who is under thirty years of age, and has never been married, had suffered from ascites for the last three years; and for this disease she had been tapped four times, the ovarian tumors having remained undetected until after the third *paracentesis*. Convinced that these enlarged ovaria were the cause of the dropsy, Dr. A. proposed their removal, to which the heroic patient consented.

"An incision about nine inches in length, in the course of the linea alba, and commencing at the pubes, was made into the abdominal cavity. The left ovarian tumor was found attached merely by the round ligament, which floated free in the abdomen; while the tumor on the right side, adhering about two-thirds of its extent to the brim of the pelvis and the omentum, required some careful dissection in its removal. They were both removed without any copious hæmorrhage; and this large wound, which was brought together by the interrupted suture, is now, seven weeks after the operation, completely united, with the exception of the lower extremity, where the ligatures upon the round ligaments still remain. As not an unfavorable symptom has thus far been presented, the patient may be safely pronounced out of all danger incident to this terrible and unprecedented operation."

It is well known that Mr. Lizars, after he had laid open the abdomen in one case, found that the tumor was not ovarian. This mishap is, it seems, not without a parallel:—

"As regards the extirpation of these tumors," continues Mr. Foltz, "the late Dr. Mc Dowell, of Kentucky, may be considered a sort of pioneer, having done it oftener and more successfully than any other surgeon in the world; besides, he laid open the peritoneum to a great extent for extirpating other abdomidal tumors. But Dr. Goldsmith relates a curious case in which he was concerned with this pioneer-operator. The patient, who had suffered, during a considerable period, from ascites, had tapped herself no less than ninety times; and discovering at length a tumor, which she supposed to be the cause of her dropsy, she made application to Dr. Mc Dowell for its extirpation. The event, however, proved, much to the surprise of the two surgeons, that the tumor was merely a mass of the intestines conglomerated by adhesions. The operation was abandoned, and the woman died; but this case, as well as that of Lizars', should certainly not be placed in the category of unsuccessful operations for this disease."

In Dr. Atlee's case, "the tumors weighed two pounds: one, a pound and a quarter; and the other, three-fourths of a pound."

LETTER FROM PARACELSUS TO ERASMUS.

Theologorum patrono eximio, D. Erasmo Roterodamo doctissimo, suoque optimo, Theophrastus Paracelsus.

"Quæ mihi sagax musa et alstoos tribuet medica; candidè apud me clamant; similium judiciorum manifestus sum auctor; regio hepatis pharmacii non indiget, nec aliæ duæ species indigent laxativis. Medicamen est magistrale, arcanum potius ex re confortativa, et melleis abstersivis, id est, consolidativis. In defectum Hepatis, essentia est secunda, quæ de pinguedine renum, medicamina regalia sunt peritæ landis. Scio corpusculum mesuaticas tuum non posse sufferre coloquintidas, nec aliud turbidatum, seu minimum de pharmaco. Scio me aptiorem, et in arte meâ peritiorem, et scio quæ corpusculo tuo valeant in vitam longam, quietam, et sanam: non indiges vacuationibus. Tertius morbus est (ut apertius loquar) quædam materia, seu ulcerata putrefactio, seu natum phlegma, vel accidentale colligatum, vel si fæx urinæ, vel tartarum vasis, vel mucilago de reliquis ex spermate, vel si humor nutriens viscosus, vel bituminosus: pinguedo resoluta, vel quicquid hujusmodi sit, quando de potentia salis (in quo coagulandi vis) coagulabitur, quemadmodum in silice, in berillo potius; similis hæc est generatio. Hæc non in te nata perspexi; sed quicquid judicavi, de minera frusticulata marmorea existente in renibus ipsis, judicium feci, sub nomine rerum coagulatarum.

"Si optime Erasme, mea praxis specifica, T. Excellentiæ placuerit, curo ego ut habeas et medicum, et medicinam.—Vale,

"THEOPHRASTUS."

*** The foregoing letter was read by Mr. Newnham before the Provincial Association, and deserves preservation as a literary curiosity.—EDS.

ANSWER OF ERASMUS.

Rei Medicæ peritissimo Doctori Theophrasto Eremitæ, Erasmus Roterodamus S.

"Non est absurdum medico, per quem Deus nobis suppeditat salutem corporis, animæ perpetuam optare salutem. Demiror undè me tam penitus noris semel dumtaxat visum. Ænigmata tua, non ex arte medica, quam nunquam didici, sed ex misero sensu verissima esse agnosco. In regione hepatis jam olim sensi dolores, nec divinare potui, quis esset mali fons. Renum pinguedines ante plures annos in lotio conspexi. Tertium quid sit, non satis intelligo, tamen videtur esse probabile mihi, id molestare, ut dixi. Hisce diebus, aliquot nec medicari vacat, nec ægrotare, nec mori, tot studiorum laboribus obruor. Si quid tamen est, quod citra solutionem corporis potest mihi lenire malum, rogo, ut communices; quod si distraheris, paucissimis verbis ea, quæ plus quam laconicè notasti, usiùs explices, aliaque præscribas remedia quæ, dum vacabit, queam sumere. Non possum polliceri præmium arti tuæ, studisque par; certè gratum animum polliceor. Frobenium ab inferis revocasti, hoc est dimidium mei; si me quoque restitueris, in singulis utrumque restitues. Utinam sit ea fortuna, quæ te Bastleæ remoretur. Hæc ex tempore scripta vereor ut possis legere.—Bene vale,

"ERASMUS ROTERODAMUS, Suapte Manu."

N.B. Erasmus was not benefited.—W. NEWNHAM.

SOCIETY OF APOTHECARIES.

At the recent examination in materia medica and therapeutics, the gold medal was obtained by Mr. Frederick John Hensley, of King's College; and the silver medal by Mr. Henry Southerin, of University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, November 10, 1843.

W. D. Wheeler, J. F. Adcock, G. C. H. Wigan, J. B. Bramwell, J. S. Steel, W. Fergus, C. Heatley, P. Royle, W. H. Michael, T. Collingwood.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 165.] LONDON, SATURDAY, NOVEMBER 25, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS,
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.
Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XVII.

July 6, 1843.

Treatment of the Varieties of Chancre—1. *Phagedenic Chancre — Sloughing Phagedena — Inutility of Mercury—Diphtheritic Phagedena—Necessity of Constitutional Treatment—Capricious Effect of Local Applications—Compression—Arsenic—Mercury inapplicable*—2. *Indurated Chancre—Constant Sequence of Constitutional Symptoms—Use of Mercury.*

Gentlemen,—We distinguished two forms of phagedenic sore; one marked by the formation of a black slough, and the other diphtheritic and phagedenic, the chief characteristics of which are, the grey pultaceous deposit which covers the surface, and the almost irrepressible tendency to enlargement.

The treatment of the first form will consist during the inflammatory stage of antiphlogistics, emollient fomentations, diluent drinks, baths, and mild saline purgatives. When the slough has formed, the patient shall take internally acidulated drinks, opium, camphor; and dress with powdered bark or a chlorine solution. When the slough separates, or is removed by the surgeon, the subjacent sore should be treated according to the laws which govern the treatment of ulcers in general.

The exhibition of mercury is uncalled for in all cases, and will most probably be injurious if the drug be given before the slough has been cast off.

In the second form of phagedenic sore, the diphtheritic and phagedenic, the indications are less evident, and the treatment more empirical. The only general rule to be laid down is to discover, by all possible means, the cause of the phagedenic tendency of the chancre, and if this is found to exist in the hygienic conditions of the food or habitation of the patient, in a disordered state of the digestive functions, or a general debility of the system, it should be opposed with appropriate remedies.

It is therefore on the internal treatment that the surgeon's hopes are chiefly to rest; local applications to this kind of sore deserving only a slighter degree of confidence.

If violent inflammation be suspected of having caused the deviation of the primary ulcer from the usual form, local antiphlogistic applications, and even general blood-letting, will be found beneficial. But I object to leeching around the sore, where each leech bite will almost inevitably be inoculated by the secretion; and I still more strenuously oppose the absurd practice of placing leeches on the sore itself, whereby the depth of the ulcer is increased without any one advantage.

The dressing I most confide in is the "aromatic wine," combined with small proportions of opium.

In many cases this treatment is ineffectual, and where it fails, chlorine or iodine solutions will occasionally succeed. A series of chancres of the phagedenic form I cured most rapidly with the solution of iodine:—

Tincture of iodine, one drachm;
Distilled water, eight ounces;
Hydriodate of potass, ten grains;

and was flattering myself I had discovered the real curative treatment of phagedena, when I was made aware of the contrary by a new series of phagedenic chancres, in which iodine failed as signally as it had previously succeeded.

I have tried, with various results, pure nitric or muriatic acids. In one case sulphuric æther caused a rapid cure; employed in a case which immediately followed, it remained inert.

When more rational means have been tried in vain, melted wax poured over the sore, or plasters of crushed carrots, produced amelioration, and have even determined a complete cure.

Mercurial dressings are, in my opinion, the very worst which can be employed, particularly with herpetic patients, whose skin frequently becomes eczematous around the sore from such treatment. This objection is particularly applicable to the common strong mercurial ointment, and is less true for the black wash so much in favor in Great Britain, or to the cyanide of mercury. Parent-Duchâtelet recommends the last; but I am convinced that Parent-Duchâtelet never used it all, for it is to many patients a caustic in an ointment, containing *one-fifth of a grain* to an ounce. I have carried it even to one grain.

Cauterisation of the sore I have tried in every shape and form. Nitrates of silver and mercury, mineral concentrated acids, the actual cautery—I have tried all; and at present I seldom use any of them, cauterisation being in my opinion useless, unless carried beyond the sphere of virulent activity, so as to substitute a simple ulcer for a specific one; in fact, worse than useless, since its only result would be to increase the size of the original chancre.

Mr. Carmichael has proposed compression. I applied it, with sheets of lead and a bandage, to a patient I have several times mentioned to you, who carried the ulcer several years. Compression cured him.

As to excision of phagedenic chancre, it is still more dangerous than the caustic which excites, at all events in the vicinous parts, a degree of inflammation

which I consider as favorable to the neutralisation of the sore.

You perceive, Gentlemen, that, in the present state of science, we have no certain guide in the local treatment of chancre. You must watch the effect of each dressing, and modify or change it if you find no benefit; you must attend to the constitution of the patient, who will be found to require, in general, bitters, tonics, and strengthening food.

The internal administration of mercury I conceive to succeed only in exceptional cases; in general it is of no value, and is sometimes even injurious by its antiplastic action on the blood.

Iodine, pure, or in combination with potash, will frequently be resorted to with advantage.

In the following case arsenic appeared to have a favorable influence :—

A patient was inoculated in the thigh with the pus of a chancre by M. Cullerier. M. C. did not destroy the sore he produced, but allowed it to follow its own course. It extended gradually over two-thirds of the right thigh, and the sore from which the inoculable pus had been taken destroyed altogether the cutaneous sheath of the penis. It had lasted nearly eighteen months, when the patient was put under my care; the sore diminished rapidly under the daily internal use of from eight to twenty drops of Fowler's arsenical solution, although they had previously resisted all the efforts of medicine. The sore of the penis was all but cured; one scarcely perceptible yet remained, when it broke out anew, and was finally cured without any treatment whatever, more than two years after the beginning of the disease.

It is a remarkable fact that two complications, usually fatal to wounds or sores, have frequently brought on the immediate cure of phagedenic chancre; I refer to erysipelas and diarrhœa.

Hence, the indication of exciting, if possible, artificial erysipelas, by frictions with croton oil, or of producing purgation with mild laxatives. But the recollection of the disordered state of the large intestine, in all the fatal cases, however, should make you very cautious in using this last method.

Treatment of Indurated Chancre.—As far as general infection is concerned, excision or cauterisation of this variety of chancre is useless, as the induration is the surest sign that infection of the system has already taken place.

It is in indurated chancre that mercurial dressings are really advantageous. To common mercurial ointment I prefer a calomel ointment, containing a drachm of the protochloride to an ounce of grease. When granulation appears I recommend in general to powder the sore with calomel.

If the indurated chancre be transformed "in situ" into mucous tubercle, the above powder and lotions three times a-day with Labarraque's liquor (chloride of soda) constitute a most successful treatment.

After complete cicatrisation the induration may be removed by the knife, or compression may be used.

Secondary symptoms *always* follow indurated chancre. Therefore the local treatment is not sufficient for this sore. I shall immediately proceed with mercurial treatment.

Mercury.—Without any distinction of cases, it is common with mercurialists, for the treatment of chancre, to put their patients, as the phrase runs, through a mercurial course; and a most absurd piece of advice it is, the bad effects of which we have but too many opportunities of witnessing; those who follow such a practice being left without any guide whatever as to the preparation or the quantity of mercury to be exhibited.

From what I have said, and from what you have already seen in my wards, you have doubtless come with me to the conclusion that non-indurated chancre is hardly ever, if ever, followed by constitutional symptoms. I feel satisfied, on the other hand, that those who have followed my clinique with any degree of attention, have acquired the conviction that indurated chancre is the positive proof of constitutional infection, and the constant forerunner of secondary syphilis. It is, therefore, in the indurated form of chancre that I exhibit mercury, local treatment being sufficient for the other varieties of primary ulcer. Indurated chancre has little tendency to spread, but it has no very great tendency to spontaneous cure, and mercury proves both the most efficient modifier of the sore and the most active cause of the absorption of its induration.

Doubtless mercury will produce less inconvenience if exhibited in a temperate climate, or during a dry, warm season, than if taken under opposite circumstances. But loss of time in the treatment is highly imprudent; and it must also be remembered that in the present state of society it is possible to neutralise, in a great measure, the deleterious influences of cold or damp weather. Considerations of age or sex are of no moment. At all ages, and to both sexes, mercury is alike a benefit, when properly, and a great evil when injudiciously, applied.

Are pregnant women to be submitted to its influence? Certainly; for if mercury is accused by some of favoring abortion, syphilis is a hundred-fold more open to the charge.

Before mercurial treatment is entered upon, the skin should be placed in a good condition to perform its important functions, the regularity of the stomach and bowels attended to, and the circulation, if in a state of plethora, relieved by phlebotomy.

The skin, the digestive and the respiratory systems, are the doors of entrance through which mercury may be introduced.

1. *Skin.*—Frictions with mercurial preparations may be made in the *axillary fold* (Scatignat); the *sole of the feet* (Cyrillo), a plan I would not recommend, on account of the thickness of the epidermis; on the *internal surface of the limbs;* or, as Delpech recommends, on the *genitals.* Again, the endermic method may be used, whereby absorption becomes more active by the previous denudation of the dermis with a blister. The medicine may also be passed through the skin by means of fumigations.

2. *Digestive Organs.* — The mouth, the gastro-intestinal surface, the rectum (Présavin), may serve to convey the drug into the system.

3. *Respiratory Organs.*—Powdered mercury may be taken like snuff (Legroux, Biett); it may be inhaled with the fumes of a mercurial cigar.

In my opinion the stomach is the best organ for the absorption of mercury. Should it not bear the medi-

cine, cutaneous frictions and fumigations should be tried. Should the skin prove too irritable, the mouth, the rectum, the nose, and, last of all, the respiratory mucous membrane, can be called in to assist the therapeutic action.

Experience has now abundantly demonstrated that some constitutions are altogether insensible to mercury. In most patients, however, it produces constant pathogenic symptoms, such as fever (hydrargyric fever), which is looked upon by some as a proof of a healthy medicinal action. In my opinion this fever is merely the symptom of some local disorder produced by the drug.

Ptyalism is one of its most common effects. Far from being a condition, *sine quâ non*, of its good effect on the disease, ptyalism is an accident—a pathological incident, which disturbs without in the least assisting the efforts of the physician.

Diarrhœa may result from the immediate purgative action of mercury, or be a late consequence of its absorption into the system; in the latter case it is a kind of abdominal salivation, if I may use the expression.

The above-mentioned mercurial symptoms are far more frequent than eczematous eruptions, or hydrargyria, or palsy, which we now and then observe in those who employ mercury in their trade, but hardly ever meet with in patients who have been even drenched with the drug. In this hospital I have had only one opportunity of witnessing a palsy of this kind; it was in the case of the servant who has the charge of the fumigating baths.

Exhibited in *alterative* doses, mercury produces, in some patients affected with secondary syphilis, positive curative effects. It is, undoubtedly, one of the most powerful weapons in the therapeutic arsenal, and, when used with caution, is frequently followed with most satisfactory results.

Regularly increasing doses of the drug, rapidly modifying the state of the constitution, have even brought about cicatrisation in bad cases of phagedenic chancre. The daily dose may be carried very far; my rule of conduct in such a line of treatment is to increase the quantity of mercury until good effects appear, provided no mercurial accidents interfere with the medication.

As to the absolute dose, the *sum total* necessary for the complete treatment of any given case of syphilis, we do not possess the necessary data for the solution of the problem. Some constitutions are very soon affected by small doses; others are not influenced by the most enormous quantities. The total amount requisite for a cure is, therefore, in all cases *relative* to the patient, and cannot be ascertained by any *a priori* computation. In vain did Hunter attempt to fix an invariable quantum sufficient for all cases; he was not more fortunate in this than in his abortive endeavours to discover the dose capable of preventing the *future* manifestation of secondary syphilis. In this respect—it must be with humility acknowledged—the profession remains to this day in a state of complete ignorance.

Indurated chancre, the true forerunner of constitutional syphilis, requires mercury for its cure; in the induration we find an excellent guide, a capital hydrargyrometer. According as the mercury acts or not on the system, the induration persists or gradually vanishes.

Are we to exhibit mercury for a month, six weeks, two months, or longer? What, in other words, is the definite period during which the use of the medicine should be persevered in? To solve this question in practice, we have again no other data but the symptoms themselves, against which mercury has been directed. If they do not altogether cease, the quantity of mercury is not yet sufficient, although the patient may have been absolutely drenched with it; a much smaller quantity sufficing, on the contrary, when the syphilitic symptoms rapidly give way.

Dupuytren recommended the continuance of the medicine after the disappearance of the symptoms for a length of time equal to that of the preceding treatment. This is, in my opinion, an exaggeration, when the treatment has already lasted a long time—five or six months, for instance. I generally continue four or six weeks, diminishing the daily dose one-third.

Of the intimate action of mercury on the system, we know only this—it cures syphilis; an antiplastic to some patients, it is an energetic stimulant to others.

Dr. Mialhe is of opinion that mercury, whatever be the form of its compound, undergoes in the stomach chemical modifications of such a nature as to make it a bichloride before it enters the circulation. For my part, when I consider that *all* mercurial compounds cure syphilis, I cannot help thinking it must be the unchanging metallic base, which alone is endowed with the sanatory power. I have tried the lactates of mercury, and have not found that the cure progressed more rapidly than with other hydrargyric salts.

Mercury does not remain in the system. Dr. Her, of Strasbourg, has written on this subject a thesis which may be consulted with advantage. Dr. Reynaud has found mercury in the brain of subjects who had taken the drug. Professor Orfila has detected it in the urine; Drs. Flandin and Danger, have likewise ascertained its presence in the saliva of patients affected with mercurial stomatitis. The milk of salivated nurses has not, in late experiments, yielded one particle of mercury to chemical analysis. This circumstance powerfully shakes our confidence in the supposed efficacy of the milk of mercurialised women for the treatment of syphilitic infants.

Mercurial compounds we may divide into two great classes: soluble and insoluble preparations. The former are the bichloride, cyanide, the bilactate, and the bi-ioduret; these I employ very seldom, because they bring on inflammatory effects—such as gastritis, enteritis—so early as to interfere with the treatment, and oblige the practitioner to suspend it long before the syphilitic symptoms have given way. The insoluble preparations are the protochloride, protoioduret, red precipitate, metallic mercury, and cinabar.

Calomel, it is generally known, causes very rapid salivation, besides occasioning colic and derangement of the intestinal functions; for these reasons I prefer the protoioduret, which does not in the same degree give rise to those unpleasant consequences.

Metallic mercury, in the blue pill, or the pilule de Sédillot, I frequently have used with great advantage,

but the doses must be far more considerable than the protoioduret. Red precipitate is open to the same reproaches we have made to calomel, and is even more irritant.

Cinabar fumigations are, in my opinion, one of the best mercurial preparations.

With almost every practitioner we find a different mercurial compound, or rather a new pharmaceutic form; and here a rich field has been opened to the gleanings of quackery. Volumes might be filled with the enumeration of them; but I shall merely mention those preparations which I have found really useful.

Van Swieten's solution of corrosive sublimate contains about a quarter of a grain of the salt to each tablespoonful of liquid; for many years it has peaceably enjoyed undisputed supremacy, and was almost the only mercurial preparation employed by Cullerier, senior.

Dr. Mialhe, starting from this point, that all mercurial compounds are changed in the stomach into corrosive sublimate, formed, by the reactions of chloride of ammonia and albumen, a treble compound, which may be administered in a solution, and to the good effects of which I can bear witness. The following is the prescription:—

Distilled water, one pound;
Common salt and hydrochlorate of ammonia, of each eighteen grains;
White of eggs, one;
Corrosive sublimate, six grains. Mix.

Each tablespoonful contains one-fifth of a grain of bichloride of mercury.

Mercurial syrups have long basked in the sunshine of popular favor. The sirop de Cuisinier additionné—that of Larrey—are solutions of bichloride. Laffecteur's far-famed *rob*, with which the inventor pretended to cure syphilis without mercury, owes its virtues also to corrosive sublimate.

The following prescriptions are, in my opinion, the most efficient for the cure of secondary syphilis:—

1. Pilules de Belloste—

Mercury } Aloes }	24 parts.
Rhubarb	12 „
Scammony	8 „
Black pepper	4 „
Honey	9 „

Mix. Make four grain pills. Twelve to be taken as a purgative; two daily in syphilitic affections.

2. The "pilules de Sédillot" are made with unguentum mercuriale fortius, three parts; and medicinal soap, two parts. To make four grain pills.

3. The blue pill is too well known to require me to give its formula. I have often used it with great success.

4. Plummer's pill is composed, as is well known, of red sulphuret of antimony, calomel, and guaicum.

5. The pills I generally use are the following:—

Pilules de Ricord—

Protoioduret of mercury } Thridace (lactucarium) }	3 grammes.
Extract of opium	1 „
Extract of cicuta	6 „

Mix. Make sixty pills. From one to four daily. To conceal the medicine, pleasant names have been given to various mercurial preparations—for instance, Keyser's *dragées*, Lagneau's *lozenges*, Bru's *cakes*, and Ollivier's *biscuits*.

Mercurial baths, either confined to one region of the body, or complete, have often received useful application. The method belongs to Baumé—from four to eight grains of bichloride of mercury suffice for a foot bath; in an entire bath from half an ounce to three ounces are necessary.

In frictions the common mercurial ointment, or the calomel ointment (one drachm to one ounce) are equally advantageous.

In fumigations, I generally employ each time two drachms of cinabar.

As plasters, the emplâtre de vigo cum mercurio has really a decided superiority over all others. The application of the plaster hastens the local cure of the symptoms, and renders more rapid the definitive cure of the disease.

MALIGNANT PUERPERAL FEVER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The painfully interesting cases of malignant puerperal fever, furnished by Mr. Fisher, of Bungay, to your pages, induce me to trouble you with another of these fatal cases; not that I can furnish you with any novelty either in the nature or treatment of the case, but rather in a feeling of sympathy with Mr. Fisher, as it unfortunately proves too true (especially in small country districts) that the reputation and professional emoluments of a medical man materially suffer from losing a patient in the puerperal state. A young practitioner, commencing practice in a thinly populated district, is mainly dependant on the successful issue of his cases for support; and should he lose a patient in any acute disease, particularly a labor case, *ignorance* will rise its hydra head, the tongue of evil report will not be still, but the most vague and absurd stories of his conduct in the treatment of the case will arise, to the material detriment of his reputation and interest. Knowing, from experience, such to be the case, I confess I feel a lively sympathy for all my professional brethren who have suffered from this cause; and it was with an interest of a painful description indeed I read the report of Mr. Fisher's cases in your valuable columns, I myself having lost a patient of the same most unmanageable disease on the day or two previous to my receiving your Journal. I now transcribe the case for the perusal of your readers.

FIRST CHILD.—Mrs. B., aged thirty-nine, was seized with labor on Monday, October 9, which continued till Wednesday, the 11th, when she was delivered with the short forceps of a living child. In consequence of the long-continued pressure of the head on the sacrum, and the total absence of any strong pain, the forceps was used. The placenta was extracted from the *vagina* in half an hour after the birth of the child, which was succeeded by hæmorrhage to a frightful extent, blanching the face, and reducing the vital powers to a very low par indeed. By the usual means—pressure, cold applied, bandaging—this was overcome, and a contraction of the uterus obtained, a small quantity of brandy and water having been administered to the patient.

Thursday. Going on well; abdomen soft, and free from pain; discharge rather scanty; pulse 98; feels weak and low.

Friday, 13. No bad symptom; expresses herself very comfortable; bowels relieved since yesterday; pulse 92; no tenderness on pressure; discharge still scanty and *offensive*.

Saturday morning, four o'clock. I was called up to her, and found her with puerperal fever established; intense pain on pressure over abdominal region; pulse 135; skin cold and clammy; frequent eructations; countenance expressive of intense prostration. Applied twelve leeches to abdomen, and ordered twelve grains of calomel and two grains of powdered opium, divided into four powders; one every third hour.

My friend, Mr. Nicholson, saw her with me in the forenoon, and suggested the application of oil of turpentine over the abdomen, a tympanitic appearance presenting itself, and ordered her three drachms of castor oil.

Seven, p.m. No improvement; all the symptoms getting worse; the abdomen quite tympanitic; pulse not to be counted; cold perspirations; bowels not relieved. Repeated the castor oil, ordered a repetition of her powders, and the oil of turpentine to be still kept applied.

Sunday morning. Mr. N. again saw her with me; prognosis most unfavorable; no alleviation of the symptoms; mouth slightly affected; no motion; pulse still *not to be counted;* a cadaverous odor from her person; tongue brown and dirty; says she is confident she would be better if her bowels were moved.

Seven, p.m. Rapidly sinking; wanders a little; bowels have been moved twice; dark, fetid motions; her skin bathed in cold, clammy perspiration; every appearance of impending dissolution. She died at four o'clock on Monday morning, and I have been informed by the attendants that nothing could equal the *stench* proceeding from the surface of the body for some hours previous to her death. The abdomen became enormously distended some hours after she died.

I am, Gentlemen,
Your obedient servant,
W. B. Mc Egan, Surgeon.

Alstonfield, Nov. 16, 1843.

P.S.—The eructations continued without intermission up to her death.

CASE
OF
VENTRAL HERNIA,
TREATED SUCCESSFULLY BY PRESSURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Through the persuasion of several medical men, I send the following interesting case, and, should you think it worthy of insertion in your valuable Journal, I shall be glad of your giving it publication:—

John P., aged eight, a fine, stout, healthy-looking boy, was brought to me in March by his mother, who told me that, in consequence of her thinking that he had worms, she obtained a powder from an itinerant quack, which she gave him as directed, early in the morning, mixed with treacle. Two hours after taking it he was seized with severe purging and griping pains in the body. During the time he was straining he heard a crack, and ran into the house crying, telling his mother he had a lump come on the side.

In this state he was brought to me. On examination, I found an enlargement, the size of a duck's egg, immediately under the right ribs, presenting the appearance and feeling of a hernia. I tried to reduce it without success. I recommended castor oil with laudanum, and that he should wear a broad, strong cotton belt. The bowels were relieved, as well as the pain. During two months I repeatedly saw him, but he never complained of any uneasiness; yet it was noticed that when the bowels were operated upon, he invariably placed his hand over the affected part. Many professional friends saw the lad, and they attempted reduction, but all our efforts were in vain.

I mentioned the case to Mr. Ellis, a very ingenious surgical instrument-maker of Sheffield, who recommended me to try equal and gradual pressure by means of a truss, which he purposely made exactly to hold the tumor. After wearing the instrument (which did not give him the slightest inconvenience) for some months, the enlargement gradually subsided, and since then he has worn the belt. When I saw him, the other day, both sides appeared similar to the eye, as well as on minute manipulation.

I am, Gentlemen,
Your obedient servant,
T. Guy.

Thorne, Nov. 16, 1843.

MR. PROCTER'S REPORT OF YORK COUNTY HOSPITAL.

[Mr. William Procter, the resident medical officer at the York County Hospital, has favored us with a statistical account, according to the plan of Dr. Cowan, of the patients admitted into that institution from May 1842, to May 1843. The total number of cases admitted was 344, the deaths 21. As the numbers are so small, Mr. Procter does not think it worth while to print them in a tabular form; but we subjoin his notes, both for the sake of the practical matter they contain, as well as for the purpose of encouraging other gentlemen, holding similar situations, to imitate Mr. Procter's industry and zeal.]—Eds.

Diseases of the Nervous System.

With the exception of the cases of *paraplegia*, none amongst this class appeared to possess any peculiar interest, and those, perhaps, on account of their frequent occurrence relatively amongst so small a number of patients, three cases having been admitted during the year. One was that of an old woman, nearly seventy years of age. The symptoms appeared gradually, attended with a scanty secretion of urine, with phosphatic deposit. Aperients were administered freely, and subsequently the hydropic pills, with tonics. From this plan of treatment, in a few weeks she was discharged well.

The remaining two cases, in many of their principal features, possessed a considerable similarity; the symptoms occurring gradually in two unmarried women, about thirty, without any perceptible spinal or cerebral disease, and gradually increasing, until

the loss of the use of the lower limbs became complete. One patient had been in this condition for upwards of two years: the usual routine of counter-irritation, &c., had been perseveringly employed before her admission. The plan of treatment adopted in the hospital consisted of anti-spasmodics with aperients, careful attention to the digestive organs, with the use of shower-baths. After some months she was discharged, but very slightly relieved. A similar plan adopted in the other case (now in the hospital), has been certainly attended with beneficial effects.

Diseases of the Chest.

Bronchitis.—The cases of this disorder were subacute and chronic. They were subdued by counter-irritation, and the usual treatment. Senega alone, or in combination with squills and compound tincture of camphor, if the cough was very distressing, has been found eminently useful in the latter stages of the disease. In the chronic form, sulphate of zinc with myrrh, and the compound tincture of benzoin, have proved valuable remedies.

Phthisis, among the few cases admitted of a disease occurring so frequently, has been presented in several forms, and under various conditions. Of the 16 cases, in 9 both sides, in 2 the left, and in 5 the right side was the seat of the disease. Five were fatal; the ages being 27, 30, 37, and two aged 40. On admission, in the majority more or less bronchitis existed; in the symptomatic cough, belladonna frequently afforded relief when all other remedies had failed. The result of the tonic plan of treatment has in several cases been highly satisfactory, even under circumstances when the state of the pulse might appear unfavorable for the adoption of such a method. Quinine with syrup. papaveris, or some such slight palliative for the cough, or some preparation of steel, have been the usual remedies employed. With this, the efficacious plan of counter-irritation, by blisters or croton oil,* has proved of the highest value. The effect of secale cornutum was displayed in a marked manner in the only severe case of hæmoptysis admitted. The remedy was given in fifteen grain doses of the powder every four hours; and after two doses the hæmorrhage was stayed, although acetate of lead and acids had been previously given without any advantage. It proved equally efficacious a week or two afterwards on a recurrence of the attack.

Diseases of the Heart.

Fourteen cases have been admitted, 10 males and 4 females; one death, aged thirty, from aortic disease; all the remainder received some amount of relief previous to their discharge; by far the majority of the cases could be traced to an antecedent rheumatic attack. Counter-irritation by setons or repeated blisters, were found to be remedies of considerable value when symptoms indicative of some low inflammatory action were present. The compound decoction of aloes with tonics has been used with the greatest advantage in cases of dilatation; its powers, which are very great in this class of cases, are often rendered greater by the lobelia inflata.

Diseases of the Digestive Organs.

Gastrodynia includes those cases where pain was present, unconnected with any lesion of importance; pyrosis has generally existed as a concomitant affection. The class amongst which this disease has been found mostly to prevail is maid-servants, probably depending on the stomach being disordered from the different food of which they partake whilst in service, which is particularly applicable to those who come from the country. The complaint has generally been cured without much difficulty; bismuth being the most valuable remedy, particularly combined with ginger and powder of nux vomica; the addition of a little conium was often beneficial. If the pain was not only before or after eating, but constant, prussic acid acted wonderfully. In delicate and languid or chlorotic patients the compound iron pill afforded benefit.

Dyspepsia includes functional diseases of the stomach and liver, chronic gastritis, &c.; and also that numerous class of cases where the symptoms have been induced, and are kept up by the badness and insufficiency of food. From these causes dyspeptics form by far the majority of the medical cases of public institutions, and for the same cause are amongst the most difficult to treat, few being deemed sufficiently important for in-patients. Eighteen have been admitted, and with good diet and a tonic plan of treatment were soon cured.

Abdominal Tumors.—Two cases have been admitted, one of which possessed some degree of interest; it was hepatic, in a man aged forty-four, and traced by him to an accident received twenty years ago, in which he was crushed between a cart and a wall. The tumor, on his admission, caused a considerable external projection, extending from the left hypochondrium downwards and backwards to the right lumbar; its edge describing a convex line distinctly traceable along its whole course. Near the centre of the epigastric region a protrusion showed itself, in the first instance presumed to be the pointing of an abscess, but proving eventually to be merely the ensiform cartilage pushed up from the pressure beneath. Iodide of potassium was used both externally and internally, and on his discharge the tumor was very considerably lessened.

Ascites.—Two cases were admitted, one in a man with enlarged liver, who was discharged completely relieved; the other was fatal in a girl thirteen years of age, of strumous diathesis, with hydatid disease of the liver. Two very large fibrous cysts, containing acephalocysts floating in their peculiar fluid, were found at the under surface of the viscus. Relief was afforded by paracentesis, which was performed four times, and thirty-six quarts of fluid was drawn away. Strumous disease of the peritoneum existed also to a considerable extent.

Genito-urinary Organs.

Albuminous Nephritis.—Two well-marked cases of Bright's disease have been discharged during the year. One was fatal, and occurred in a shipwright, aged eighteen. He was a young man of very irregular habits. On admission there was universal anasarca,

* A liniment of croton oil, made according to the following formula, and first used by Mr. James Allen, of this city, is as efficacious as it is elegant:—

Take of croton oil, and solution of potassa, of each half an ounce; shake them together till they are incorporated.

Take of this solution thirty minims; rose water one ounce. Let them make a liniment to be rubbed on the chest night and morning, till blisters appear.

and so much œdema about the larynx, that respiration was rendered extremely difficult, and accompanied by a loud, harsh noise; these were attended with the usual symptoms. A few days before his death he had several successive sudden attacks of coma and stertor, which appeared after a time to pass away, very similar to the fourth kind of cerebral affection attending renal disease, described by Dr. Addison (Guy's Hospital Reports vol. iv.) After one of these seizures, he sank into a complete comatose state, and died. On dissection, several ounces of serum were found in the ventricles of the brain; and, by adopting Rees's mode of analysis, a small quantity of urea was detected. The kidneys themselves were in Bright's second stage.

The other patient was a waterman, aged forty, admitted, passing a small quantity of highly albuminous urine, specific gravity, 1·10. There was œdema of the ancles, pain in the back, loins, &c. Leeches and cupping to the lumbar region, with diaphoretics and diuretics, formed the general plan of treatment; and he was finally sent from the hospital with all the symptoms relieved.

Incontinence of Urine.—There were two females, both cured. One was a girl, aged fourteen: the secretion was very acid. Blisters were applied to the loins, liquor potassa given, and cantharides at night, and subsequently the muriated tincture of iron. The other case was in an old woman connected with partial paraplegia, and cured by good diet and tonics, with stimulating liniments to the loins.

Chronic Inflammation of the Bladder.—Three cases of this disease have presented themselves in old men, two of whom had extensive prostatic disease, in addition to the pain and tenderness of the diseased organ. The urine was alkaline, and attended with copious deposit of the phosphates, mixed with the characteristic ropy mucus. One case was fatal in an old man of fifty-six. The bladder was found considerably thickened, with disorganisation of the mucous membrane, and diminution of the cavity. The ureters were enlarged, and thickened. The kidneys, of enormous size, had undergone considerable structural change, and contained several large abscesses. Two of the patients were discharged, considerably relieved by rest in the horizontal position, opiates at night, and nitric acid with pareira, or uva ursi.

Excrescence of the Vagina.—A somewhat singular case of this description occurred in a woman, aged thirty, unmarried, but the mother of two children. It appeared as a large, high-colored, uneven, vascular, and bleeding excrescence of the vagina. The uterus appeared healthy; the pain experienced in it was very trifling, amounting to nothing more than slight uneasiness. There was no reason to suspect she had at any time had venereal disease. The part had been excised, and other treatment employed, some months before applying to the hospital; after excision, the part grew again very rapidly. Several local applications, as nitrate of silver, were made use of without any benefit; finally, the part was touched with the solution of potass, and then covered with lint, to prevent its spread. Under this treatment the excrescence was lessened very considerably.

Diseases and Injuries of the Locomotive Organs.

Diseases of the Joints in various stages compose for the whole number a considerable proportion of this division; they were in number 22, of which 5 were of the ancle, 7 of the tarsus and foot, 1 of the jaw, 8 of the wrist and hand, 1 of the elbow. Amputation was performed, once of the finger and twice of the ancle. The general plan pursued in the treatment of these diseases has been to get the joint into a quiet state by rest and the subdual of any attendant irritation or inflammation, at the same time improving the general health by appropriate means. The joint is then secured in a leather or pasteboard splint, or put up after Scott's plan, according to circumstances, particularly a sound or ulcerated state of the integuments. The general result of the treatment of these diseases has been very satisfactory. The case of diseased lower jaw was malignant, but had proceeded to such an extent, and had so far implicated the surrounding parts, that it was deemed advisable not to operate.

Ulcers of the Lower Lip.—Two cases, which had existed several years, and had in every respect the appearance of cancer, were treated successfully after Mr. Ure's plan. A paste, composed of two parts of chloride of zinc and one of flour, was spread on lint, and applied to the ulcer; a poultice was kept on the slough thus formed until it separated, when the sore was treated as a simple ulcer of the part, and rapidly healed. It may be stated, that in two cases of obstinate ulcers of the leg, a new surface was obtained by this method, and all difficulty of treating them then ceased.

Diseases of Uncertain Seat.

Under this vague term have been placed several affections, &c., which could scarcely have been ranked under any of the preceding heads, and which vary as to the part attacked, as rheumatism, hernia, &c.

Rheumatism.—Of this disease there have been admitted 11 cases, in the acute form of which (4 males, 7 females) 9 were discharged cured, 2 relieved. The treatment consisted in the employment of calomel and opium, with salines and colchicum, and, in one case of considerable affection of the heart, bleeding from the arm.

Of the chronic form, 16 were admitted (12 males, 4 females), of which 10 were cured, and 5 relieved.

Lumbago and sciatica, 4 cases in male patients.

The remedies found to be most serviceable in chronic rheumatism have been the preparations of guaiacum, or iodide of potassium; the latter remedy, in five-grain doses three times a-day, gradually increased, has, in the majority of cases, been attended with most satisfactory results, particularly in the "cold form," or where the course and character of the pain rendered it probable that the periosteum was affected. In addition to these, very great benefit has been derived from a combination of blue pill, acetic extract of colchicum, and compound ipecacuanha powder, or the latter with colchicum powder, given at bed-time. When the pain has appeared to partake of a neuralgic character, sulphate of quinine has afforded the greatest relief.

Cancerous Affections.—Three cases of this description have been under treatment during the year, all of which, since their discharge, have been reported at the hospital as having died. The first was scirrhous mamma, in a patient forty-five years of age. The diseased part was removed, the wound healed kindly,

and she left apparently well, except feeling some pain in the cicatrix. Subsequently, however, it returned, became open cancer, and proved fatal.

The second was a fungoid tumor of the axilla, in a healthy-looking agricultural laborer, aged twenty-one. During the harvest of 1841 he was on a waggon of corn, which happened to be overturned; in the fall he struck his side below the axilla on the shaft of a fork. No other injury occurred at the time, beyond a slight bruise, without any abrasion of the skin, and in few days he resumed his employment. Some weeks after the accident the part became painful, and a small tumor showed itself; notwithstanding its gradual increase in size, he continued working until the end of harvest, and presented himself at the hospital in September, 1842. At that time the tumor was the size of a large turnip, and possessed in its appearance, history, and progress, all the characters of malignancy; under these circumstances, it was deemed advisable not to operate, and he was discharged. In the spring of 1843 ulceration took place, with a fungous protrusion, from the effects of which he died.

The third case was malignant disease of the uterus and upper part of the vagina, in an old woman of sixty. The pain was much relieved by preparations of cicuta. She left at her own request.

CASE OF STRANGULATED HERNIA OF THE LEFT SIDE, AND PROTRUSION OF THE CŒCUM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—If you consider the following case of hernia worthy of publication in the pages of your excellent Journal, I shall feel obliged by your inserting it.

I remain, Gentlemen,
Your obedient servant,
J. C. Jerrard.

Honiton, Nov. 18, 1843.

James Collier, aged *two* years, was discovered to have an inguinal rupture on the *left* side a few months after birth. The contents of the rupture have usually descended during the day, and receded spontaneously whilst in the horizontal posture at night. No inconvenience ever occurred to the child from the rupture till Tuesday, the 5th of September last, when it was observed by his mother to be larger than usual, and that he was in pain. She made repeated, but unsuccessful, attempts to reduce it from this time up to the following Friday, when I was sent for. On inquiry, I found he had passed a fæcal evacuation on the Tuesday morning, but not since; that he had had repeated attacks of vomiting, and had appeared at times to be in great pain. The tumor, which descended to the bottom of the scrotum, was about the size of a large orange. I endeavored to reduce it by the taxis, but, from the incessant and violent straining of the child, occasioned by continued crying, which could not be prevented either by promises or threats, every attempt proved futile. Considering the length of time which had elapsed since the strangulation commenced, I judged it the safer course to operate as quickly as possible, and, having obtained the consent of the parents, I returned home—a distance of three miles—for the necessary instruments. This gave me an opportunity of requesting the assistance of my friends, Mr. Devenish and Mr. Holland, who kindly and promptly visited the child with me at three o'clock in the afternoon. From the resistance which had been made by the child during my attempts to reduce by the taxis, it was very evident to these gentlemen, as well as myself, that much difficulty and embarrassment would be likely to ensue, particularly in the latter stages of the operation; our united opinion, nevertheless, was that it should be done forthwith.

Operation.

I did the operation in the usual way. The tumor having been freely laid open, and its contents exposed, it was found to consist of the cœcum, with the appendix vermiformis, and about six inches of the ileum. The stricture was divided upwards. I now proceeded to return the protruded bowels, and here, as had been anticipated, the greatest imaginable difficulty presented itself. The child, who was very strong and muscular, continued to scream and strive in the most determined manner, so that no force, which could with safety be applied, was adequate to the returning of any portion of the bowels; and I was obliged to support them with my fingers in the best manner I could for nearly an hour, when the child became exhausted, and ceased to scream and strive, at least with much violence, and I was enabled to reduce the hernia. The lips of the wound were secured by two stitches and two strips of adhesive plaster, and these supported by a bandage. A gentle dose of castor oil was given, and in the course of the evening a free passage through the bowels was procured. This was repeated daily for about ten days, when the wound was completely cicatrised. The hernia, up to this time, has never descended, the ring having been obliterated by the adhesive inflammation which followed the operation.

REMARKS.

Much of the difficulty which occurred in reducing the intestines might, in all probability, have been obviated had a *full* dose of opium been given two hours previous to the operation. It may be asked, why was this precaution omitted? The reason of the omission was, that when I was called to see the child I knew nothing of the nature of the case, consequently was unprovided with the medicine; and on returning, for the purpose of performing the operation, it was considered expedient that it should be done without any delay, as the strangulation had existed so long.

NEWLY-INVENTED ARCH-TOURNIQUET.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Permit me, through the medium of your excellent Journal, to introduce the above-named instrument to my professional brethren.

It is the same which was left for inspection at your

office on Thursday, the 16th instant. It consists of an arch, a pad, and screw. The flanks of the arch are perforated with holes for the action of the external screw, which is worked by a short handle, as in the common tourniquet.

The pad is of the ordinary size, flat on one side and convex on the other. Upon its flat surface there is a smooth cavity for the reception and working of the point of the screw.

Mode of application: Let the arch embrace the limb, so that one of the perforations of the flank may be exactly opposite the cavity on the flat side of the pad, previously applied over the trunk of the artery to be compressed. Then fit the external into the internal screw, and work it upon the pad till sufficient pressure be made to stop the circulation of the artery.

By this simple means any of the principal arterial trunks of the extremities may be compressed in the shortest possible time without strangulating the circumference of the limb and obscuring the operation with venous blood.

The arch is prevented from slipping by the pressure of the screw upon the pad.

The instrument which I left at your office is made of yew, in a very primitive manner, by a common mechanic of this town.

Mr. Weiss, in whose possession it now is, has promised to submit it to some of the London surgeons, and, should it be approved, to construct it in brass or steel. When it shall have been thus improved by his well known ingenuity, it will have a much neater and lighter appearance.

I have the honor to remain, Gentlemen,

Your very faithful servant,

W. J. Oke, M.D.

Southampton, Nov. 24, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, NOVEMBER 25, 1843.

That the poorer classes are subject to great misery through want of the ordinary physical conditions of existence, is well known, as a general truth, to everybody. But this, like many other generally received truths, has been vaguely comprehended, and unsuggestive of action. We know that, in a civilised community, there must be an unequal distribution of this world's good. We know that whilst some are contending for the chief places at the feast, others are scrambling for the crumbs that fall from their table, and many cannot even get these. But we know that this does not arise solely from outward circumstances or physical conditions. It is not alone the fire, nor the tempest, nor the unpropitious heavens, nor the sterile soil, nor the fluctuation of markets, nor the revolution of manufactures. Causes innate, and not to be dissociated from human nature, bear their part as well. Intemperance, imprudence, ignorance,—these are sources of misery which no legislature can sweep away. As long as these exist, the evil admits of no radical cure. Its worst features must be palliated; the most flagrant cases must be remedied; there must be a point in the descending scale at which Charity must step in and rescue the victims of cold and hunger. But He only could prevent the evil altogether who alike governs the world and rules the hearts of its inhabitants.

Admitting, then, as everybody does, that distress exists—that a certain number of the community require to be fed, and clothed, and housed, out of the superfluities of those above them, and knowing that a certain machinery exists for the administration of this relief—we are apt to suppose that the extent of the evil is ascertained, and that the remedial means are proportioned to meet it. But facts which daily come to light seem likely to convince us slowly that a more extensive and better organised system of almonry is required, if we wish to be certain that the poor shall not rot from disease, nor waste from starvation, under the very walls of our palaces.

The columns of the daily newspapers give evidence enough that the means of affording relief to the destitute are either insufficient in themselves or else insufficiently administered. How otherwise could we hear of a garret in Bermondsey containing an emaciated corpse covered with rotten feathers, but with abundant proof that fire, raiment, and every other necessary and decency of life had long been strangers to the miserable inmate? How otherwise can it be that girls, half putrescent with disease, are found nightly crouching in holes in the earth in Hyde Park? How otherwise could the villages of Dorsetshire have furnished Mr. Sheridan with his too lively pictures of wretched hovels with holes dug in the mud floors, to collect the rain that soaks through the roof and walls; of children perishing with disease, and able-bodied men pining from want of wholesome food?

But public attention seems at last to be aroused, and public shame is struggling to cast off this foul blot. Meetings are held, resolutions passed, and it now seems certain that something will be done. We must content ourselves at present with calling the attention of our brethren to this great national disgrace, urging them to come forwards, to reveal what they know of the wants of the destitute (for who can know them better?), and to vindicate for our profession the foremost place amongst the benefactors of our fellow-men.

REVIEWS.

A Practical Manual, containing a Description of the General, Chemical, and Microscopical Characters of the Blood, and Secretions of the Human Body, as well as of their Components, including both their Healthy and Diseased States; with the best Methods of Separating and Estimating their Ingredients; also, a succinct Account of the various Concretions occasionally found in the Body, and forming Calculi. By JOHN WILLIAM GRIFFITH, M.D., F.L.S., &c. London: Richard and John E. Taylor. 1843.

This is a highly useful contribution towards that subject of growing importance, the study of organic chemistry.

"It is intended," says Dr. Griffith, "to assist the practitioner or student in medicine in discovering the deviations from health, and their nature in the blood and the various secretions of the body. An outline of the mode of analysing the different products, sufficient for practical purposes, is also subjoined, so as to make it a complete practical manual."

The style and arrangement of Dr. Griffith's work are excellent. We subjoin one or two extracts as examples:—

"SUGAR.—The presence of sugar in the urine properly characterises diabetes. The quantity of urine sometimespassed in this disease is almost incredible. It is usually pale in color, of higher specific gravity than 1·030, of a hay-like smell. If left in a warm place, it becomes covered with a frothy white layer, as if its surface had been sprinkled with flour. This is quite characteristic, and when once seen cannot be mistaken. This white froth is composed of a number of minute vegetable organisations, which have been denominated *Torulæ*; they occur in all fermenting liquids, and their growth is by some considered in relation to fermentation in the light of cause and effect.* Their development is very interesting. When first formed they are very minute spherical globules, composed of two coats, and filled with a liquid containing in suspension a number of extremely minute granules; the globules enlarge, rise to the surface, and form the white scum. Some of the internal granules also enlarge, and become distinct nuclei. These continue expanding, the primary globule becomes elongated, and one of the enlarged nuclei bursts through the envelopes of the maternal cell and appears as a bud; this enlarges, others increase in the same manner. As the globules enlarge they become elongated, finally forming long, slender, jointed vegetables. These contain several nuclei, which are ready to bud out in the same manner as their parents have originally done. They seem to increase in two distinct ways: one is the budding process above mentioned, the other is the division of the parent cell. It is first divided by the increase of two, three, or more nuclei into as many separate parts. It then becomes contracted opposite the spaces between the continuous extremities of the internal young cells, finally forming distinct and independent plants, capable of further propagation in a similar manner.

"The quantity of urea present in diabetic urine was at one time considered to be less than natural, but this has since been proved to be incorrect by the experiments of Mr. Mac Gregor.† The amount of sugar may be estimated by fermentation: each cubic inch of carbonic acid gas produced corresponding to nearly one grain of sugar. It is almost impossible to separate the whole of the urea from the sugar and other animal matters. The sugar in a quantitative analysis is most easily estimated in combination with the lactates and other animal matters.

"Crystalline sugar can be thus obtained from diabetic urine: Add to it solution of diacetate of lead; filter; throw down the lead by sulphuretted hydrogen; filter again, and evaporate to a syrup; by boiling alcohol on this, and allowing it to evaporate spontaneously, crystals will be produced. In many cases it may be obtained merely by evaporating to dryness, &c., without using the acetate of lead. It is composed of C_{12}, H_{14}, O_{14}. When heated with nitric acid, oxalic acid is formed; this may be recognised by its appropriate tests.

"Diabetic sugar is identical in composition with that of grapes.

"It is readily soluble in water and a mixture of alcohol and water, but little or not all in absolute alcohol and æther."

The following are his observations on that peculiar state of the urine which has been proposed as a test of pregnancy:—

"The early formation of a peculiar scum on the surface of urine has been adverted to as a sign of pregnancy. It has been observed by many that an opaque, greasy-looking layer begins to form in the urine of pregnant women soon after it is passed; this often takes place whilst the urine is still acid, but it very soon after becomes neutral, and then alkaline. As soon as the urine has become neutral, this crust becomes covered with crystals of the neutral triple phosphate. This layer or scum has been denominated kiestein. When it is acted upon by acetic acid, the phosphatic crystals are dissolved, and the animal matter is left; when acted upon by ammonia, the animal matter is dissolved, and the crystals remain. To observe this appearance, about four or six ounces of perfectly fresh urine should be laid aside in a tall, moderately narrow glass vessel, and a paper cover laid over it, to exclude dust. It should then be placed in a tolerably warm atmosphere. The appearance denominated kiestein would be produced should a crust similar to that above described appear within a day or two. The crust I spoke of formerly as occurring in all urine could hardly be confounded with this, as it appears so much later in the urine. When examined microscopically, the crust of kiestein appears composed of very minute globules. When it has remained on the surface of the urine for a few days (this fluid often exhaling a peculiar cheesy odor) it breaks up and falls to the bottom.

"It has been stated that the quantity of the salts of lime in the urine of pregnancy is much diminished.

* Turpin.

† Mac Gregor, Experimental Inquiry.

I have examined a very large number of urines of women during pregnancy, but I have not found this by any means correct. With the exception of the peculiar fermentation (?) which produces the kiestein, and the peculiar cheese-like odor, there are no characteristics of the urine in pregnancy, and even these are not constant."

Dr. Griffith has added two plates illustrative of the microscopical appearances of urinary deposits.

On the Chemical Discrimination of Vesical Calculi. By E. A. Scharling, Professor of Chemistry in the University and Polytechnic School, Copenhagen. Translated from the Latin by S. Elliott Hoskins, M.D. With Plates. pp. 177. London: Churchill, 1843.

The volume of Professor Scharling gives, in the fullest and minutest manner, the information requisite for the chemical discrimination of vesical calculi, and conveys the directions for analysis so clearly, and with so much arrangement, that the hard-working practitioner (who is not and cannot be a perfect chemical analyst) may, by its aid, ascertain with precision the composition of calculi. The value of Professor Scharling's book is much increased by its numerous colored wood engravings of vesical calculi, and by its description of their physical characters and aspect.

Dr. Hoskins' translation is well executed, printed on good paper, and in a beautiful type, and contains a valuable Appendix of thirty-five pages, exhibiting, in a condensed and connected form, the chemical analysis of calculi. At the end is placed a table, showing at a glance the form, color, texture, surface, section-surfaces, size, specific gravity, and chemical characteristics of stones, arranged in nine groups, or classes. The little volume is further enriched by fifty beautiful colored figures of specimens, struck from the original wood-blocks of Scharling, the use of which was liberally allowed to Dr. Hoskins by the Danish professor. We have never seen wood-engravings more beautiful or more correct than these; indeed, they *alone* are worth the money demanded for the whole volume.

Practitioners desirous of having, at a moderate expense, a complete series of the most useful books on renal and vesical diseases, should place Hoskins's Scharling beside the volumes of Brodie, Prout, Willis, Coulson, and Rees.

An Essay on Thunder-storms, their Phenomena, and the Means of Safety from their Effects. By E. A. Turley, M.D., Worcester. p. 35.

This little work was suggested to the author's mind by the occurrence of three very violent thunder-storms at Worcester during the past summer. He takes the opportunity, therefore, of communicating to his neighbours a short and popular view of the nature of lightning, and the best means of averting its dangerous consequences; and he devotes the proceeds of the publication to the benefit of the Worcester Natural History Society.

Since we are heartily glad to see our medical brethren exerting themsel ves for the spread of useful information, especially in cases where it may lead to the preservation of life or property, we wish Dr. Turley's little work as wide a circulation as he can desire.

BIRMINGHAM PATHOLOGICAL SOCIETY.

April 1, 1843.

Frederick Ryland, Esq., in the Chair.

Mr. Russell exhibited a portion of brain taken from a child who had died with symptoms of inflammation of the brain, and read the following cases connected with that disease:—

The father of the following case had four male children and two female children born to him. The four male children all died either in convulsions or with hydrocephalus; the two female children are both living at the present time, and are fine healthy children. The last male child, which was the only one I was permitted to examine, was born April 13, 1838; it was nourished by its mother, and was a fine healthy child until February 24, 1840, when it was seized with convulsions, which were succeeded by the usual symptoms attendant upon hydrocephalus acutus, and it died on March 12. The other children had been attended by Dr. Male, with myself; the latter child by Dr. Evans and Dr. Blakiston, with myself. The treatment in all cases consisted of bleeding with leeches, mercury exhibited both internally and by inunction, and cold applications to the head. On examining the head of the last child, which was done by Dr. Cowan, Dr. Blakiston, and myself, the only morbid appearance we could discover was two or three small tubercles in a state of suppuration in the substance of the cerebellum.

The father of the following case had two children born to him, the former a male child, the latter a female child. The first was seized with convulsions on the invasion of hooping-cough, and, after a few days of illness, died with symptoms of hydrocephalus. The second child was born May 10, 1839; it was a remarkably fine child, and was nourished by a wet-nurse. It thrived, and was to all appearance in excellent health, when, after a few days of slight indisposition, it was seized with very violent convulsions on February 5, 1840, at the time it was cutting the incisor teeth. The convulsions were very violent, and on the recovery from each attack its head was thrust back, and it rolled its head upon the pillow. Leeches were repeatedly applied to the temples, and also behind the ears; the gums were freely lanced; purgative and antispasmodic medicines, with the warm bath, were all in succession administered, and it died on February 14, nine days after its first seizure. I was permitted to examine the child. On opening the head, underneath the arachnoid membrane was discovered an adventitious covering to the brain, formed of tubercular deposit. This deposit dipped down between the convolutions of the brain, but did not enter its internal substance. I examined the chest

and abdomen, but they were both free from tubercular disease.

In the evening of December 9, 1840, I was requested by Mr. S. to see his infant child, who had been attended some days previous by Mr. Bracey. The child was three months' old, and had never been healthy from its birth. It was lying on its mother's lap; its respiration was short and quick, and on listening to the respiration, it was harsh and dry, and quite free from mucus. I learnt that its respiration had been always short and quick, and it had always been troubled with a cough. A blister was advised to be applied to the chest, and to be allowed to remain on two hours; and a mixture, with tartarised antimony, was prescribed. My impression was that there was some morbid condition of the lungs, which had probably existed from its birth. The following morning we found the child better; the breathing was relieved, and there was more secretion from the mucous membrane, which the child readily coughed up. It continued improving for two days, but on the evening of the second day it was seized with convulsions. On recovering from the convulsion, its hands were clasped, and its head thrust backwards; after repeated attacks of convulsions, it died on the evening of Friday, December 18. The body was opened the following day. The brain was remarkably soft, and the ventricles distended with water. On slicing the brain, no morbid symptoms appeared, but on removing the brain we discovered a small abscess at the root of the pons varolii; it was evidently a tubercle in a state of suppuration. On opening the chest, we found the pleura completely studded with tubercles, and many were found in the substance of the lungs. The peritoneal covering of the liver was also studded with tubercles, but the mesentery was free from them.

March 14, 1843. I was sent for to Miss Eliza M., a remarkably intelligent child, between six and seven years of age. She was just sickening with hooping-cough; she was feverish, and complained of intense pain in her head every time the attack of cough came on, which she attempted to relieve by passing her little hands against her forehead. I was reminded by her mother that three years ago she had had a fall upon her head, and her head had been painful ever since. Three leeches were ordered to be applied behind each ear, and calomel and saline aperient medicines prescribed. I saw the child again in the evening; the pain in the head was very little relieved by the leeches; the calomel had purged her, and her motions were of a very dark green color. Four grains of mercury with chalk were shaken on the tongue every two hours through the night, its feet and legs put into mustard and water, and the cough was assisted by doses of tartarised antimony. The hair was removed from the head, and bladders filled with cold water applied assiduously through the night.

15. I saw the child early in the morning; she was not better, and it was determined Dr. Evans should see her; but before the Doctor and myself could meet, the child was seized with a very severe attack of convulsions. We both arrived just as the child was recovering from the convulsion; she was become, to a certain extent, sensible, could put out her tongue, but she could not see, and she has lost entirely the use of the left side; she was in a profuse perspiration. Three more leeches were applied to each temple, and the mercury with chalk was exchanged for two grains of calomel, guarded from purging by compound ipecacuanha powder, to be given every two hours. In the evening I found my little patient became much more sensible; she could distinguish objects and answer questions, but the left side remained quite paralysed.

The 16th, 17th, and 18th, was passed much in the same way. The child had convulsions three or four times one of the days; the side remained as useless as ever. The only alteration made in the treatment was mercurial frictions.

19. I was met by the father at the door with a cheerful countenance. He told me although the child had had three convulsions during the night, yet it was much better; it had regained the use of its side completely, and was very anxious to be brought down stairs. I found the observation of the father quite correct; the child was much more sensible, and had regained the use of its side. I enjoined the strictest quietness to be pursued, and cautioned them against being too sanguine as to ultimate recovery. The child was to be brought down only on condition they could not keep it quiet without doing so, as I thought any violent opposition might be more injurious than by carefully indulging her. The bowels were much distended with flatus, and an assafœtida injection was prescribed. In the evening I found the convulsions had returned with every attack of the cough; it had one while I was present, but it was very slight.

20. I was called up early in the morning; the child had continued in one convulsion ever since two o'clock in the morning. I found it in a more lucid state, and it died in a few hours. The head was opened by Dr. Evans and myself the following day, but we could not discover any other morbid appearance than a very great turgescence of the vessels of the brain. There was no trace of injury from the fall.

On Sunday afternoon, August 19, 1838, I was sent for out of chapel to a child in Ravenhurst-street. I found a child, between four and five years of age, of a gross full habit of body, in violent convulsions; the child was under my care at the time with hooping cough; it was struggling violently, and its body covered with perspiration; it had been in a warm bath, and cold water had been dashed in its face at the same time. I ordered three leeches to be immediately applied to each temple, and administered an assafœtida injection. In the evening I saw it again; the leeches were then bleeding very profusely, but the child was not at all relieved. I directed that the bleeding should be encouraged as much as possible, the warm bath to be repeated, and while in the bath that cold water should be poured on its head. Not hearing again from them, I concluded the child was relieved, and went to bed, and was surprised to be roused in the morning at five o'clock by the father, to say that the convulsions still continued. I immediately dressed myself and went down, and finding the little fellow still struggling in the same violent manner, I immediately opened a vein in the arm, and took away four ounces of blood. This bleeding had a decided effect upon the spasms; they became weaker immediately, and in less than an hour they entirely subsided, and the child recovered straightforward.

Elizabeth Jenkins, aged two and a half years, was brought to my house on Wednesday last, March 29, 1843. It was a pale, sickly-looking child. Its mother informed me it had been in a feeble state of health for a long time; it has a dry cough and short breathing. I could hear a faint respiratory murmur over the whole chest; its tongue was loaded, and its pulse quick and irritable. I prescribed saline medicines for it. Yesterday (March 31) I was hastily summoned to it; I found it in convulsions, lying on its mother's lap; the pallid and medullary look of the child forbade general bleeding, and I ordered leeches to be applied to the temples. The child did not rise from the convulsion, but died in two hours. This afternoon I examined the body.

Head: The dura mater adhered to the skull more firmly than usual, so that the brain was torn in removing the bones of the skull; the substance of the brain was exceedingly soft; the membranes were very much injected, but the centrum ovale did not appear more studded with red points than common; in all other respects the brain and cerebellum were natural. The heart was healthy; the surface of the lungs appeared natural, and filled with air, but the root of the lungs was surrounded by masses of tubercular disease. The contents of the abdomen were right and healthy.

Mr. Russell said he had read these cases, as he thought them very interesting, and some of them were cases in which the post-mortem appearances did not bear any comparison to the symptoms exhibited during life; and one showed a decided effect produced by bleeding, where leeches had been of no avail in the treatment.

SHEFFIELD MEDICAL SOCIETY.

November 16, 1843.

Dr. Favell (President) in the Chair.

Mr. Carr introduced to the notice of the members a little girl, not quite eight years of age, who has menstruated regularly for the last year ahd a half, having commenced when she was not more than six and a half years old. The child is rather small for her age and has a delicate appearance, but enjoys very good health. There is no precocity of intellect nor unnatural development of person. The mammæ are quite flat, and in her habits and manners she is like other children of her own age. The catamenial discharge returns at regular periods—between three weeks and a month—and continues for two or three days; it is perfectly natural both in quantity and quality, and is unattended by pain.

Dr. Favell exhibited the following morbid specimens:—

1. A portion of a heart in a state of hypertrophy with the aorta attached. This vessel was greatly dilated, and when cut open measured from side to side six inches and a half. Immediately beneath the lining membrane were numerous patches of ætheromatous and calcareous deposit. These deposits commenced immediately above the semilunar valves, and thickly studded the whole internal surface of the ascending portion of the vessel, the arch, and as much of the descending portion as had been removed. The semilunar valves were also thickened, and one segment considerably indurated. The heart was enlarged, and the parietes thicker than natural. The specimen was obtained from the body of a man about forty years of age, who had been incapable of working for three or four years. When Dr. F. first saw him he was suffering from irritation of the spinal nerves. He subsequently became affected with acute articular rheumatism, in the course of which he was attacked with endo-pericarditis. The acute symptoms gradually gave way, but shortly afterwards he began to complain of dyspnœa and palpitation, which were greatly increased by bodily exercise or mental excitement. He subsequently became anasarcous, and died of exhaustion. The Doctor briefly remarked that it would be interesting to inquire how far the endocarditis, by extending along the lining membrane of the aorta, had been instrumental in giving rise to the morbid appearances which the specimen presented.

2. A heart with its investing membrane. A large quantity of fat was deposited on the outer surface of the pericardium, as well as upon the heart, especially about the base. The cavities of the heart were enlarged, and the walls thickened. The mitral valve was thicker than natural, and the aortic valves were indurated, but there was no ossific deposit. The pericardium was closely adherent to the heart. The subject from whom the specimen was obtained was a man, aged thirty-nine, who for some years past has been porter at the medical school. A few years ago he had rheumatic fever, which was accompanied by pericarditis. After recovering from this attack he suffered from cough, dyspnœa, and palpitation, and also from occasional attacks of *cardiac asthma*. His death was very sudden. On Friday evening, the 10th instant, he was in his usual health, and, whilst attending to his duties at the school, a circumstance occurred which occasioned him a good deal of excitement, and he went up stairs into one of the upper rooms rather quickly. Immediately on his return, which was in the course of three or four minutes, he sat down in a chair, and complained of feeling very ill. The dyspnœa was severe; face pale; countenance expressive of distress; pulse very feeble. A dose of æther and opium was administered to him, but he died in about ten minutes. The Doctor observed that the hurry and excitement had, doubtless, been the occasion of death. The heart was incapable of sustaining an excited state of the circulation. There were three mechanical hindrances to a healthy circulation, viz., the large deposit of fat upon the heart, as well as on the outer surface of the pericardium; the close adhesion of the pericardium to the surface of the heart; and the thickening of the aortic valves. When the circulation was abnormally excited, the blood would be returned by the pulmonary veins faster than it could be disposed of by the left side of the heart. There would, therefore, be regurgitation into the pulmonary veins, and the capillaries of the lungs would at the same time become so much congested as to cause asphyxia. Dr. F. did not see him during the attack of which he died, but he had seen him in several similar ones.

3. A portion of the lung obtained from the body of a scissor-grinder. It was dark-colored, partially con-

densed, and contained several small dense bodies, about the size of currants.

Mr. Law exhibited a portion of the upper lobe of the lung of a shoemaker who died of an affection of the head. The specimen was dark-colored, and deeply tinged water. In the upper part the pulmonary tissue was partially condensed.

Dr. Branson exhibited the ileum of a man who had died of typhus fever. There were numerous extensive ulcerations, some of which were very deep. The man had never complained of pain during his illness, and there was no tenderness even on severe pressure. There was only slight diarrhœa for a very short time, but on two occasions he voided a considerable quantity of blood per anum.

Mr. Thomas afterwards read a paper on the Influence of Local Injuries during the early Periods of Life. After describing the peculiarities of infancy and boyhood, Mr. T. detailed three cases which had occurred in his infirmary practice, to show the natural capabilities of the system, during the latter period, to resist the destructive influence of local injuries.

The first was a case of compound fracture of the skull, which occurred in a healthy boy, William Rowbotham, aged eight, when watching some men play at quoits; one of the quoits, twelve pounds weight, was thrown wide, and struck him on the left parietal bone with the notched part of its circumference, thus producing two compound fractures of the skull, one anterior (two inches long), the other (one inch and a half long) posterior to the notch, and running parallel to the sagittal suture, half an inch to the right of the centre of ossification; the depression at its deepest part was rather more than a quarter of an inch below the adjacent bone. Here, in the absence of any diploe at this early age, the inner table would inevitably be fractured, and compress the brain. Yet, after the first slight shock was over, not any symptom of compression presented itself.

July 6, 1843. The treatment consisted in a few leeches to remove the inflammation of the scalp; cold to the head; occasional aperients, with mercurial powder; low diet, and perfect rest.

July 27. Made out-patient, on account of the crowded state of the house.

Sept. 26. Continues quite well, and discharged.

The structure of the skull, with the soft condition of the brain, importantly contributed to this boy's safety.

The second case was a punctured wound of the knee-joint. The subject, a healthy boy, John Adams, aged eleven, who, in buffing a pen-knife blade, slipped it off the wheel, and it entered his right knee, half an inch on the inner side of the patella, near its superior margin, inflicting a small wound, out of which some synovial fluid escaped.

Admitted Aug. 11. The edges were brought together with adhesive plaster; cold applied to the joint; a back splint worn; a few doses of tartrate of antimony and sulphate of magnesia administered; union by the first intention was perfect, and the boy discharged cured August 22.

The third case was one of compound fracture of the tibia and fibula, complicated with wound of the tibio-tarsal articulation.

July 6, 1843. Elizabeth Webster, aged fourteen, a half-fed looking girl, was admitted, stating that she had been thrown down and trampled upon by a runaway horse of an equestrian company, whose performances she was witnessing. I found the integuments of the left leg were terribly contused, a severe oblique compound fracture of the tibia, near its centre, the upper portion projecting three quarters of an inch through the wound, and irreducible; the fibula fractured in two or three places, and a contused wound on the outer side of the ankle, entering the joint, and effusing some synovia. The blood-vessels and nerves not seriously injured. Shock to the system very severe.

Treatment locally: The removal of several small fragments of bone; sawing off nearly one inch of the upper portion of the tibia, when reduction was effected with little or no shortening of the limb, owing to the obliquity of the fracture filling up the interspace and giving support; semiflexed, elevated position of limb. Leeches to the integuments; cold to the limb; poultices, with counter-openings, and varying positions of the limb to favor the evacuation of purulent formations; after which compression was steadily carried out. The general treatment consisted of low diet for two or three days, with calomel and opium; then nutritious, and afterwards stimulating diet, large doses of opium at night, and subsequently night and morning, frequently two grains for a dose, with mild aperients and tonics, chiefly quinine and iron, in various forms.

Sept. 15. Wound of ankle-joint cicatrised; tolerable passive motion; leg quite mobile at the fracture.

Oct. 12. Motion of ankle improved; leg becoming firmer.

Nov. 4. Extracted a small portion of the fibula, half an inch of its whole diameter, from an ulcerated opening.

15. Leg now pretty firm, so that she can move it with ease; a very small opening, with slight discharge, at the point of fracture, and very little shortening of the limb; general health good.

The foregoing cases of compound fracture of the skull, punctured wound of the knee-joint, and compound fracture of the leg, with wound of the ankle-joint, comprise some of the most grave instances of local injury, and yet all terminated favorably, in consequence mainly of the vital resistance offered during childhood to the influence of local injuries. The energies of the animal economy being devoted to the development of the system, most probably materially tend to avert the destructive influence of diseased action so commonly attendant on these injuries in later life.

LIFE ASSURANCE OFFICES.—FEES TO MEDICAL MEN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have lately been applied to by the National Provident Institution, to furnish information relative to the health of a patient who was proposing to insure his life in their office. The application not being accompanied with a fee, I declined to give the information, and stated my reasons for so doing a

some length. If you think my letter of sufficient interest, I shall be obliged by your insertion of it in your valuable Journal. The letter was as follows: —

"Sir,—I regret that pressure of business has made it impossible for me to write earlier. Your letter of the 9th inst., contains a series of queries, which I am requested to answer, in relation to the state of health of a gentleman whom I professionally attended at various times. As you do not tender any fee for the information you require, I beg leave respectfully, but firmly, to decline answering the questions; and further, I beg to submit to the society which you represent, as I shall also do, through an appropriate channel, to the public, the reasons which induce me to take this course.

"I consider that the system adopted by some assurance societies, of obtaining the unrequited services of medical men, is unjust to the parties from whom the information is sought, and still more injurious to the parties who seek it.

"In the first place, it is a simple act of injustice to the professsional man to make a demand upon his time, and to obtain from him an opinion, involving probably much attention, anxiety, and responsibility, without affording him any remuneration for it. If he be a man of integrity, he will, previously to forming this opinion, not only examine carefully, by auscultation and otherwise, into the present condition of his patient, but he will also attentively reconsider his constitutional peculiarities, and the probable inroads which previous disease has made upon his system. I have yet to learn that architects, surveyors, engineers, lawyers, or members of any other learned profession, give, or are called upon to give, gratuitous information in similar circumstances; and I do not see why medical men should be expected to do so.

"It has been argued, in defence of societies like yours, that they have paid medical referees, to whose scrutiny all candidates for insurance are subjected. I grant it; but time would fail me to recount instances in which a stranger, however skilful, might fail to detect lurking disease. Medical referees are evidently not sufficient — a truth which insurance societies practically admit, by invariably applying to the medical attendant of the party.

"Again, it has been said that the individual wishing to insure is the party from whom remuneration is due, service is rendered by the medical attendant to him. This position is not only unsound in theory, but most pernicious in practice.*

"First, as to the theory. I contend that in all cases the insurance company are the parties essentially benefited by the information. Acting upon it (of course I assume it to be correct), if they accept the insurance, they obtain a profitable customer; if they decline it, they escape an unprofitable one; and, therefore, in either case, *they* obtain a benefit. How stands the case with the candidate for insurance? If he is accepted, he is, I admit, *pro tanto*, benefited; but suppose he should be rejected, he is then not only not benefited, but he is actually injured, inasmuch as he is called upon to pay a fee for an opinion which does him a *dis*service. In short, the benefit to the company is *certain;* to the candidate it is only *contingent*. Who, then, ought to pay for it? Evidently the company. It is idle to say that the candidate deserves to pay for an unfavorable opinion if he offers for assurance an unsound life. How few, alas! on the very brink of the grave, are willing to admit, even to themselves, that their lives are unsound!

"But it has been suggested that the proposer for life assurance cannot reasonably be expected to remunerate his professional adviser, if his opinion* should be unfavorable; and, therefore, that at least he sustains no injury. The examination of this startling proposition leads me to the most important, because the most practical, part of this subject. If the *candidate* does not sustain an injury, the *practitioner* does, for he must exercise the same skill and judgment, whether his decision prove favorable or otherwise; and in the latter case he has, in addition, the unpleasant duty of standing in the way of his patient's wishes. If he is injured, however, the society is tenfold more so, by the temptation which they thus offer to the medical man to conceal any unfavorable features in the case of his patient, by the premium, in short, which they put upon his dishonesty.

"It has long appeared manifest to me, that those societies which still decline to remunerate the medical attendant, are actuated by a latent feeling that he, through fear of disobliging his patient, will not withhold the information they desire respecting him. It does not appear to have occurrred to them that the self-same fear may operate rather more powerfully than they may wish, and in a direction upon which they may not calculate; that it may lead, in fact, to a too favorable exhibition of the patient's state of health.† They evidently have not considered that, by fostering instead of discouraging this feeling—by neglecting, nay, refusing to retain in their service the medical attendant—they do what they can to make him an advocate against them rather than an impartial judge. They do not seem to have reflected that, by leaving the medical man to be feed by his patient, they do their utmost to render him an exparte arbitrator, rather than an umpire between the parties.

"I would not have you suppose, Sir, that I think many could be found in our ranks who would deliberately, and, to answer their own sordid purposes, make a false return to your society; but I regret that

* In this instance the patient offered me any fee I thought proper to ask; but I declined, on principle, to take the fee from him at all, and explain to him my reason for so doing.

* It has been said that the insurance company merely asks the medical attendant for a few *facts* which have come to hi knowledge during his attendance on the patient. This is a mistake; they ask for an *opinion*, involving care, anxiety, and medical skill, as the following question in their printed form clearly shows:—"Do you consider his life ELIGIBLE FOR ASSURANCE, *and that he is likely to live as long as the generality of persons of this age may be expected to do?*"

† The society seems to have a misgiving that this effect may possibly be produced, and, to guard against it, their circular contains the following paragraph:—"As communications of this nature are considered to be strictly confidential, a perfect reliance may be felt that, should the tendency of your answers be such as to induce the directors not to accept the proposed assurance, the purport of them will never be suffered to transpire, &c." This certainly appears to me like substituting for the protection of the practitioner a flimsy veil of secrecy (which a straightforward man will repudiate), in the place of an open contract, involving payment for trouble on one side and *legal responsibility* on the other. Were such a contract made, no medical man would have occasion to shelter himself under the cloak of secrecy.

any should be exposed to the temptation to do so, and that a better example of equitable dealing should not be set before them. I trust that there is no lack of integrity amongst us; but human nature is frail, and your society would have itself chiefly to blame if a train of reasoning like the following were to arise in the mind of one of our members in the position in which you place him:—"I am requested by this company to furnish them with a correct representation of my patient's health. They offer me no return for my trouble—they do not treat me honorably. I am under no obligation to them; quite the contrary. If my opinion is unfavorable, I *certainly* lose my fee, I *may* lose my patient. However, I'll not tell them; but, as Mr. —— has always been a good friend to me, and has paid me honestly for my services, I'll do the best I can for him, and get his insurance effected, if possible, though, to be sure, his life *is* a little precarious. At all events, I'll not pry too inquisitively into the state of his heart and lungs; I am not bound to do that, and the company have their own referee. Let him find out what is amiss, if he can; it is not for me to put him on the track."

"In conclusion, I have endeavored to show that your present mode of proceeding with regard to medical men is not founded either on principles of equity or of sound policy. If the remarks I have felt called upon to make shall have the slightest weight in inducing you to alter it, I shall have the satisfaction of having rendered a service to the medical profession, to assurance societies, and to the public at large. The profession will be benefited by its members being placed on a more honorable footing; assurance societies, by incurring less risk of admitting unsound lives; and the public, by the lower rates at which policies can be effected, if more security is obtained of the exclusion of unsound lives.

"I am, Sir,

"Your obedient servant,

"Thomas Wilson.

"Poultry, Nottingham, Oct. 21, 1843."

I have not been favored with any answer to the above letter, which was despatched ten days ago; but I have since heard that the individual wishing to insure applied to another medical man, to whom he was, medically at least, a stranger. His certificate was filled up, and his insurance was effected. I am neither surprised nor disappointed at this occurrence. It is not the *fee*, but the *principle*, for which I contend. Though I was at some pains to explain to my patient the reasons why I could not take the fee from any but the insurance office, I do not wonder that he, being anxious to get his policy, should apply to another quarter; nor do I regret it; on the contrary, I am glad that he has succeeded in insuring his life, which I am by no means certain I could have aided him in doing; and the very circumstance that such a certificate has availed for his acceptance, confirms me more than ever in the soundness of the views which I have maintained. I could mention the particulars of one or two other recent cases of life insurance which have come to my knowledge, which would exemplify forcibly enough what I have said, but, for obvious reasons, I must for the present suppress them. I, for one, will neither insure my own life, nor recommend any friend to do so, in an office that does not recognise the principle and adopt the practice of feeing the medical attendant; and if the profession in general were to do the same, they would soon find that they had the remedy in their own hands. I do not suppose that the old-established offices will be easily induced to change their system, but the competition for public favor and confidence will, I am persuaded, lead the younger offices to do it, and the others will follow in time.

I remain, Gentlemen,

Your obedient servant,

Thomas Wilson.

Poultry, Nottingham, Oct. 31, 1843.

RETROSPECT

OF THE

MEDICAL SCIENCES.

CASE OF COMPLETE IMPERFORATION OF THE VAGINA, RELIEVED BY A SURGICAL OPERATION. BY JAMES KENNEDY, M.D., OF NEW YORK.

On the 6th of January last, Mr. —— called upon me, requesting a professional visit to his wife, to whom he had been married a few days previously, but with whom he had been unable to consummate the matrimonial rites. On visiting the lady, I learned from her the following particulars:—She was thirty-one years of age, was born in Bath in the State of Maine, of healthy parents, and until the age of twelve years, enjoyed good health. At this period she began to suffer from headache, pain in the back, loins, and lower part of the abdomen; in a word, from the usual symptoms which attend the commencement of menstruation. These symptoms returned every four or five weeks, continuing perhaps a week, and then gradually subsiding, without being attended by any discharge from the vagina. This state of things held on for two years, various remedial means, such as general and local blood-letting, purgatives, the hip-bath, &c., having been employed; but, strange to say, the vagina itself was not examined, nor was it ever subsequently, up to the time that she came under my care.

At the age of fourteen, these symptoms were somewhat relieved by vicarious discharges of blood from the mouth, nose, and anus; and in this condition, at he age of fifteen, she was married. Her husband—a sailor—was drowned at sea about two months after marriage; but during the short period of their cohabitation, he had never been able to effect an entrance into the vagina. From the time of his death, up to the period of her marriage to her present husband, this state of things continued, but with aggravated symptoms. Frequently, so severe were her sufferings, as to endanger life; the pain in the head and back being beyond all control, and at the same time the abdomen and legs were very much swollen. The menstrual efforts, however, still recurred about every four weeks, being usually, though not always, followed by some vicarious discharge.

On examination, I found the external parts well formed and prominent, the mons veneris well covered with hair, and the labia and nymphæ fully developed; but there was not the slightest trace of an os exter-

num. On a plane with the meatus urinarius, there was extended a firm, smooth, elastic, fleshy substance, yielding readily to the pressure of the finger, and conveying the idea of a vacant space behind; but the vagina was entirely impervious, being completely occluded. The breasts were of the usual size, full and rounded; the whole form was well developed; and with the exception of the above-mentioned peculiarity, there was nothing to indicate any departure of Nature from her universal laws.

On the following day, having visited her with my friend, Dr. Mc Comb, it was decided to make an incision from the meatus downward, and to be guided, in our further proceedings, by circumstances as they might occur. The patient was placed on the edge of a bed in the position as for lithotomy; and the labia being now separated by the thumb and forefinger of the left hand, an incision was made extending about two and a half inches in the direction of the vagina. Considerable hæmorrhage followed; and as the novelty of the case seemed to demand time for consultation, we agreed to defer all further action till next day, and to obtain the advice of some other of our professional brethren.

On the 10th of January, in company with Drs. D. L. Rogers and Edward Spring, I again visited the patient, and, on consultation, it was deemed advisable to deepen the incision, so far as to enable us to decide, if practicable, upon the existence or non-existence of a uterus; and to make, at the same time, a passage, to be subsequently kept open, that might answer some of the ordinary ends of the natural vagina. The patient being placed in the position as before, Dr. Rogers introduced a speculum within the passage already made, and proceeded carefully, partly with the handle and partly with the blade of a common scalpel, to extend the incision in the direction of the vagina. The parts yielded readily, and on withdrawing the speculum, the finger could be introduced about four inches from the external orifice; but its farther progress was arrested by a semi-membranous substance, apparently of firmer texture than that which had already been divided. As it was now deemed inexpedient to extend the incision any deeper, a tent was introduced, and the woman was left for the day.

It should, however, be remarked, that there was a diversity of opinion among us as to the existence of a uterus, as well as among those who subsequently examined her, several inclining to the belief that, by pressing firmly with the point of the finger against the inner portion of the artificial vagina, the os tincæ could be felt. Considerable abdominal irritation followed the operation, but this yielded readily to the usual remedies. On the third day the tent was removed; the passage was found somewhat contracted at its upper portion, about three inches from the os externum; and here, for the space of about half an inch, the vagina had contracted itself upon the tent, so as scarcely to permit the finger to pass through it. Another consultation was now held as to the propriety of dividing this stricture; and in view of the evidently strong disposition of the part to contract, and being unwilling to subject the patient to the pain of an operation which would probably prove ineffectual, it was determined to trust to continued dilatation in the subsequent treatment of the case.

For the ensuing fortnight various contrivances were resorted to for the purpose of keeping the passage open, such as tents of cotton, sponge, and gum elastic tubes; but these were all not only difficult of introduction, but very painful in their removal. They proved of service, however, in preventing any great contraction of the walls of the vagina. At this period Dr. Valentine Mott saw the patient with me, and he divided the stricture and extended the incision about one inch farther in the direction of the vagina; and now there was a free passage of about five inches, which it was necessary to endeavour to maintain. Distrusting the efficiency of the former tents, I introduced a common female syringe of the largest size, lubricated with oil, and retained it by a ⊤ bandage, so as to keep up a firm and unyielding, yet equable, pressure throughout the whole of the vagina. This was more easily introduced and withdrawn than any of the contrivances I had previously used. It created but little irritation at first, and this gradually subsided, and at the end of about three weeks the disposition of the parts to contract ceased, the sides of the vagina lost their granulated feel, became soft and lubricated by a mucous fluid; in a word, the passage assumed the character of a natural vagina.

The vicarious discharges have all ceased, and at each menstrual period since she has had a sanguineous discharge from the vagina, continuing for three or four days. Her general health is now good, all her former distressing symptoms having disappeared—an exemption from suffering to which she has been a stranger ever since she was twelve years of age; and as regards the requirements of matrimony, save that of impregnation, she is now scarcely less perfect than her sex generally. — *New York Journal of Medicine* for Sept., 1843.

CRURAL HERNIA STRANGULATED FOR TWENTY-EIGHT DAYS—OPERATION ON THE TWENTY-NINTH—CURE. BY M. STEINBRUNNER, PHYSICIAN AT VASSELLONNE.

A woman of Singelberg, named Lutz, aged fifty-two, of a lean habit, meagre, and of small size, had for some time a small tumor in the left groin. On March 27, 1838, as she was endeavouring to raise a bucket of water, she perceived a kind of cracking in the tumor, which at the same time became painful, and increased in size. The pain soon extended to the interior of the belly, and was followed by retchings, anxiety, and fever.

A midwife of the village, who was then called in, perceived that it was a hernia; she made attempts at its reduction, and asserts that she reduced the tumor about one-third; but all her efforts were in vain for accomplishing its entire reduction. The third day after the strangulation, a physician of Marmontier was called in, who also tried the taxis, but in vain. The great sensitiveness of the tumor rendered these efforts very painful. On the fifth and sixth days the physician proposed the operation, which was refused by the patient and her relations. For some time afterwards the physician did not come to see her, and in this interval she employed sundry empirical remedies. Nevertheless, as all the symptoms of strangulation obstinately remained, in the course of the fourth week they called in a physician of Saverne, and afterwards on the twenty-third day again the physician of Marmontier, under whose care she had been.

But both of them, when they saw the alarming state of their patient, declared that it was too late for undertaking the operation, which scarcely offered any chance of success.

On April 24th, at mid-day, being the twenty-ninth day of the strangulation, the author saw the patient. Her state was in truth most alarming. Extreme emaciation, her face cold and hippocratic, covered by a cold sweat, as well as her extremities; pulse nearly imperceptible and very frequent; very great feebleness and anxiety; respiration short and constrained; speech difficult; tongue dry, cracked, foul at the base; quenchless thirst; continual nausea, increased by the administration of a very small quantity of liquid, which provoked each time vomiting; abdominal pains very violent; belly enormously distended, tympanitic on percussion, very sensible of the least pressure. Lastly, in the left groin, immediately above the crural ring, there was a tumor of the size of a walnut, moderately hard, but not very painful on pressure; the skin which covered it was of a slightly livid redness; moreover, for four weeks the patient had passed no stool.

"In this state of affairs," says the author, "if I had only regarded the probability of success, I should not have attempted the operation; for the state of the patient was so truly alarming, and left so little hope of recovery. But her seven children, the eldest of whom was scarcely seventeen, and her husband, in tears, implored and supplicated me to do what was in my power for the unfortunate woman. I now no longer hesitated. The operation was the only thing that offered any hopes of success; and I considered that whatever might be the difficulties on account of the long-standing of the strangulation, of the bad state in which I must necessarily find the loop of intestine, and the adhesions which it must have contracted with the sac, the establishment of an artificial anus was always in my power, with the chance of an ultimate cure for that. After I had overcome the well-founded scruples of my companion, we communicated our doubts to her relations, and having obtained their consent, as well as that of the patient, we commenced the operation.

The patient being conveniently placed, I made a sufficiently large incision through the skin, and then through layer after layer, until I reached the hernial sac. I seized it with a pair of forceps at the uppermost part, and cut carefully into it. The escape of a small quantity of serum showed me that I had opened the sac; this opening was increased as much as possible, by cutting the tissues on a grooved director; but I was soon stopped in this operation, for, except at the lower part, the sac and the intestines had contracted most intimate adhesions. I employed for their destruction and separation sometimes my finger, sometimes the handle of a scalpel, sometimes the scissors, and sometimes even the point of the scalpel, according as I found more or less resistance. After more than a quarter of an hour of a most painful operation, all the adhesions were overcome, and I dilated the crural ring. The herniated intestinal loop was of a brownish-red color, but glistening, and bore no marks of gangrene. The portions of intestine which were continuous with the strangulated loop, and which I drew down for the purpose of examining them thoroughly, were more voluminous than natural, red and injected, but nothing worse. We thought, therefore, that we might reduce the hernia without further precautions. The reduction offered no difficulty.

Two hours after the operation she had a stool, which put an end to all unfavorable symptoms, and she soon became completely restored to health.—*Gaz. des Hop.*, Nov. 11.

BUBO IN THE PELVIS.

This is a case very little spoken of in books, and still more rarely met with in practice.

B. Poulonga, aged eighteen, had about six weeks ago a chancre, which presented no particular complication till, after a day of fatigue, he experienced a severe pain in the right iliac fossa. It must be remarked that the chancre occupied the corresponding place at the base of the prepuce, namely, the right side. The pain in the iliac region increased so much, that he was obliged to discontinue his work, and he passed a fortnight without sleep.

When he came into the hospital, the patient had very high fever, with a vague tumefaction, very painful, in the right iliac fossa; the least pressure was insupportable; the stretching out of the limb impossible, and all the movements of the body, especially coughing, were felt most painfully at the seat of the disease.

For some days before his admission the chancre disappeared. Forty leeches to the swelling; emollient drinks; rigid abstinence. The next day he declared himself better; twenty leeches were again applied. After some days the abdominal parietes had recovered their suppleness about the swelling, and hard ganglions could be felt, without pain, above Poupart's ligament, and in the iliac fossa. At the end of ten days the patient was perfectly cured.—*Gaz. des Hopitaux*, Nov. 7. 1843.

MR. YEARSLEY AND THE DISPATCH.

We have received a letter from Mr. Yearsley, complaining that we have not rendered him the same measure of justice which we did to Mr. Coulson, by not inserting his correspondence at length;—this correspondence including the letter in which he disclaimed all knowledge of those puffing notices in the "Weekly Dispatch" which had been commented upon by our correspondent "Down East," as well as his letter to the editor of the "Dispatch," and that person's reply. Our object was to dispossess the minds of our readers of any suspicion they had entertained of his connivance with those apparently quackish notices; and we think that object was as effectually answered by the remarks we made, as by the publication of Mr. Yearsley's entire correspondence. Lest, however, he may continue to think otherwise, we insert as much of the documents in question as relates to that point. But there are two other subjects touched upon by Mr. Yearsley, which we must beg to use our own discretion in refusing to insert. One of these is the abstract propriety of newspaper notices of

medical men. Mr. Yearsley, of course, is at liberty to form his own opinions, but he must not quarrel with us if we differ from him, or if we assert that the whole voice of the profession is against him. The other point is, that other medical men have been noticed in the "Dispatch" with greater frequency than Mr. Yearsley. As regards this point, we must observe, in the first place, that it does not affect the question at issue; and, in the second place, that before we inserted the communication of "Down East," we looked through the "Dispatch" papers for the three or four preceding months; and although one or two other persons were occasionally noticed, yet the two names which our correspondent exhibited were the only ones that appeared to be prominent and constantly eulogised. We wish to do Mr. Yearsley strict justice. If any unfounded insinuations respecting him have appeared in our pages, we are most glad to insert as ample a refutation as he may wish; but we do not consider ourselves bound to give currency to any particular opinion he may hold on this or any other subject.

To the Editors of the Provincial Medical Journal.

Gentlemen,—I have to request at your hands a similar act of justice to that which you have accorded to Mr Coulson in reference to the strictures of "Down East," by giving insertion to the following correspondence, which I beg to preface with a few remarks. I am not in the habit of noticing anonymous writers, nor should I do so in the present instance, were it not that, after Mr. Coulson's communication, my silence might be perverted into a tacit admission of the charge which he has rebutted.* * * * * * * * * * * *

I, like Mr. Coulson, can exonerate myself from the slightest suspicion of having in any way endeavored to propitiate the favorable opinion of the editor of the "Dispatch," or of knowing anything whatever of the notices which appeared in that journal until I saw them in print. * * * * * * *

I am, Gentlemen,
Your very obedient servant,
James Yearsley.

To the Editor of the Dispatch.

Dear Sir,—May I trouble you to say whether the notices of me which you have occasionally inserted in the "Dispatch" were at my instigation, or whether I have been in any way cognizant of them before their appearance? I beg to say I did not take the remarks of the correspondent of the Provincial Medical Journal as implying any suspicion of collusion, but as Mr. Coulson appears to have done so, perhaps it is right that I should also get acquitted, otherwise my silence might be construed into an admission of the presumed imputation.

I am, dear Sir,
Yours very truly,
James Yearsley.

15, Saville Row, Nov. 13, 1843.

139, Fleet Street, Nov. 13. 1843.

Dear Sir,—I beg, in answer to your communication bearing this day's date, to state that the notices in the correspondents' columns of the "Dispatch" respecting yourself, were inserted entirely without your cognizance. * * * * * * * *

I am, dear Sir,
Yours, in haste,
J. Wrightson.

To James Yearsley, Esq.

TROMMER'S TEST FOR DIABETIC URINE.

Add to the suspected urine contained in a large test tube, a few drops of a solution of sulphate of copper; a very inconsiderable troubling generally results, probably from the deposition of a little phosphate of copper. Sufficient liquor potassæ should then be added to render the whole strongly alkaline; a greyish-green precipitate of hydrated oxide of copper falls, which if sugar be present wholly or partly redissolves in an excess of the solution of potassa, forming a blue liquid, not very unlike the blue ammoniuret of copper. On gently heating the mixture nearly to ebullition, the copper falls in the state of sub-oxide, forming a red and copious precipitate. If sugar is not present, the copper is deposited in the form of black oxide.

This test is founded on a fact long known, but not previously applied to the detection of sugar, of the power possessed by some organic matters of reducing oxide of copper as well as some other oxides to a lower state of oxidation. It certainly is the most delicate of all the chemical tests hitherto proposed for the detection of sugar in the urine, and will readily detect it in diabetic urine, even when very largely diluted.—*Dr. Golding Bird.*

OBITUARY.

[*From a Correspondent.*]

Died, on the 23rd ultimo, at Gloucester, in his seventy-eighth year, Henry Rumsey, Esq., one of the oldest members of the College of Surgeons, and during fifty years an able and highly respected practitioner at Chesham, in Buckinghamshire, where he succeeded his father, Henry Rumsey, who also practised for fifty years honorably and successfully in the same place, leaving at his decease two sons, the late Dr. Rumsey, of Amersham, who died in 1824, and the subject of this notice.

We subjoin the following sketch of Mr. Rumsey's professional character:—

He was a student at St. George's Hospital and the Hunterian School in 1785-6. His very diligent attention to the instructions of the great masters of that day was evidenced by the extraordinary number of their lectures, which he took down in short-hand, invariably copying his notes the same day. Nor did a practice which, as respects the majority of students, might interfere with more important duties, at all interrupt his steady and close application to the other engagements of the schools and hospital. The learned editor of John Hunter's works selected for publication

Mr. R.'s manuscript of the "Lectures on Surgery," as being the fullest and most accurate copy* of any under examination.

His medical education was based in sound scholarship, a preliminary qualification too often neglected in the present day. Early classical pursuits gave a tone of refinement to his mind and a correctness of taste, which through life perceptibly influenced his manners and conversation.

Among the few medical papers which he left in print, one deserves especial notice—"An Account of the Croup as it appeared in the Town and Neighbourhood of Chesham in 1793 and 1794," which was read before the Medical and Chirurgical Society, and published in the second volume of their early Transactions.

Dr. Baillie always referred to this valuable paper in his lectures, and recommended it strongly to the pupils, not merely as a faithful and vivid description of the disease, but as introducing to the profession in this country the treatment of croup by calomel, first adopted by Dr. Rush, of Philadelphia.

Mr. Rumsey habitually took notes of all his most important cases, and recorded, in a tabular form, the particulars of nearly 3,000 midwifery attendances. A mass of important and interesting information is accordingly contained in his case-books, which manifest his careful and discriminative observation of disease.

Professional occupation did not preclude his attention to natural science, and especially to his favorite branch of it, English botany, on which he left some useful manuscripts.

Through the greater part of his life he maintained an agreeable aud profitable intercourse with his early teachers, and their eminent successors; and long after his increasing infirmities had compelled him to retire from practice, even to the last he took a lively interest in those continual accessions to science and improvements in practice which have so remarkably characterised the present age.

As a practitioner he was exemplary. Humane, indefatigable, and cheerful, he was ever ready to obey the calls, whether from poor or rich, of a laborious and extensive country practice.

The unseemly rivalries and petty jealousies to which members of the medical profession are so peculiarly liable, found no place in his breast. His conduct was uniformly professional, gentleman-like, and liberal, both towards his patients and his medical brethren. Guileless himself, he scarcely ever suspected others; and though often deceived and injured, he promptly forgave, and always put the most favorable construction on the motives and actions of those who wronged him.

He formed one of the many striking instances in refutation of the notion, more prevalent some years ago than now, that medical studies tend to infidelity. The first hour of his day, generally from six to seven o'clock, was devoted to religious exercises, and he managed so to arrange his numerous engagements as very rarely to omit attendance at public worship on Sundays. His constant aim was to do good, quietly and unobtrusively, yet when occasions demanded, he was among the foremost in charitable and benevolent undertakings, and he never allowed his worldly interests to interfere with that independent course of action which his conscience dictated.

Oppression and injustice inflicted on any, and especially on the poor and helpless, excited his warm and active sympathy with the sufferers. Few private individuals felt more deeply, or exerted themselves more earnestly, than he did in the struggle for the abolition of the slave-trade. He was honored by the personal friendship of Mr. Wilberforce, and, during the latter part of that great and good man's life, had occasional opportunities of enjoying his society.

A character of this kind would naturally attract but little attention beyond his own sphere; but his kindness of disposition, his uprightness and purity of mind, and his entire freedom from selfishness, will never be fogotten by those who knew and honored him.

* Alluding to this copy, Mr. Palmer remarks, "One might almost suppose that the writer had had access to the Hunterian manuscript; for besides being generally more full, it never omits examples and illustrations in proof of opinions, which the others frequently do. The style, also, is characteristically Hunterian."

LITERARY INTELLIGENCE.

Mr. Walker is about to publish a Practical Chart of the more common Diseases of the Skin, for the use of students and junior practitioners; giving a succinct description of these affections, their diagnosis, and treatment.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, November 17, 1843.

J. Hanks, F. Meheux, L. Powell, H. Daubeny, L. Bland, F. A. Oldaker, H M. Webb, W. D. Headly, E. Thomas.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

Next week we hope to have the pleasure of laying before our readers a valuable paper from *Mr. Storrs*, of Doncaster, on the subject of puerperal fever.

Dr. George Fife's paper on hemiplegia, and the endermic administration of strychnine, shall be inserted next week.

Dr. Carson's case of laryngotomy also next week.

Mr. Guy had better order the missing numbers of his bookseller, as there are no stamped copies left. They could not be sent by the publisher without an order from Worcester.

We shall be deeply obliged to our numerous correspondents if they will have the goodness, when they send us prescriptions with cases, to write them in fair English, instead of contracted Latin. Doctor's Latin is bad enough, but not to be compared with printer's Latin; the trouble of correcting it is endless.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worces

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 166.] LONDON, SATURDAY, DECEMBER 2, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

OBSERVATIONS

ON

PUERPERAL FEVER;

CONTAINING A SERIES OF EVIDENCE RESPECTING ITS ORIGIN, CAUSES, AND MODE OF PROPAGATION.

By Robert Storrs, Esq., Surgeon, Doncaster.

*Introductory remarks—Four points proved—*1, *the contagiousness of puerperal fever;* 2, *its origin;* 3, *its power of producing other febrile diseases by infection;* 4, *the inefficiency of treatment—Evidence yet unpublished from Mr. Reedal, of Sheffield; Mr. Sleight, of Hull; Dr. Hardey, of Hull—Simultaneous origin of puerperal fever in the practice of three gentlemen who had attended a post-mortem examination—Evidence from Mr. James Allen, of York—Summary of the foregoing evidence—Evidence recently published by Dr. Holmes, in America; Dr. Paley, of Ripon; Mr. Hutchinson, of Nottingham; Dr. Robert Lee; Mr. Fisher, of Bungay—Summary of cases in the author's practice—Practical conclusion—Hopelessness of treatment—Necessity of prevention—Observations on the method of enforcing it.*

The subject of the contagiousness of puerperal fever has been taken up by our medical brethren in America, in a paper by Dr. O. W. Holmes, published in the "New England Quarterly Journal of Medicine and Surgery" for April, 1843, and copied into the July number of the "American Journal of Medical Sciences," wherein he brings forward a strong array of evidence, which goes far in support of the opinions and in corroboration of the views I advanced in the Provincial Journal for April, 1842, when I gave a history of puerperal fever as it occurred in my practice in the early part of the previous year. I am induced, therefore, to send you a few more remarks on that subject, merely offering, as an apology, that it has absorbed a considerable share of my thoughts and attention since the occurrence of the unhappy cases in question, and that it will continue to excite a lively and painful interest in my mind as long as it retains its powers.

Dr. Holmes's paper proves, I think indisputably, the contagiousness of the disease; that it occurs generally only in the practice of one individual in a place; and that it is intimately connected with erysipelas: but it does not, I think, go far enough, in merely considering it to be propagated by medical men and nurses from one puerperal patient to another; whereas the disease, in my belief, is quite as frequently carried by the medical attendant to each fresh labor patient he is called upon to attend, from some original infectious case, whether of gangrenous erysipelas, of typhus fever, or of whatever animal poison besides, may hereafter be found to produce it. That I took it from a case of gangrenous erysipelas with subsequent abscess, to every case which occurred to me, I have no doubt; the precautions I made use of being in reference to the contagion of the fever itself, rather than to the particular case, which I found too late to be the sole cause of it.

I shall now, from circumstances occurring to friends and neighbours, from cases already published which have come to my knowledge, and from my own personal experience, endeavour to prove, as concisely as the importance of the subject will admit of it, the four following propositions, viz.:—

1. The contagiousness of puerperal fever.

2. The origin of puerperal fever from an animal poison, chiefly erysipelas and its consequences, but sometimes typhus fever.

3. The power of puerperal fever of producing indiscriminately, in the persons of the attendants and nurses, and in the families of the affected parties, erysipelas, typhus, and a fever sometimes in the male, strongly resembling the puerperal.

4. That in general the most prompt, judicious, or careful treatment, is of no avail.

I shall begin this attempt first by an array of evidence yet unpublished, chiefly in the order in which I have received it from those friends who have favored me with the result of their unfortunate experience, and shall support it by what has been, in some form or other, already before the public.

To obtain all the information in my power from authentic sources, I addressed the following questions to Mr. Reedal, of Sheffield; Messrs. Hardey and Sleight, of Hull; and to Mr. James Allen, of York; all men of local eminence, who have themselves seen the disease in their own practice.

1. What is your opinion of the contagiousness of puerperal fever?

2. Do you consider it to arise from erysipelas, or from any other animal poison?

3. Do you consider it to have been propagated from one puerperal woman to another, or from a non-puerperal case which first produced it?

4. Had you any post-mortem examination? If so, what appearances were observed—especially was there pus in the uterine veins?

5. What treatment did you pursue, and what did you find of most avail?

6. Were any of the friends or attendants of the parties immediately afterwards seized with disease, and of what kind?

7. What other practitioners in your town had cases of a similar nature at the time?

8. Will you state the date of the commencement of the first and last cases of the disease, and how many cases of it occurred to you in that period?

As I consider myself indebted to Mr. Reedal, of Sheffield, for the most decided information as to the origin of the disease from erysipelas, I will begin with his communication; and as his letter is so full

of facts, and so concise, I shall make no apology for transcribing the whole of it. It is as follows:—

"Dear Sir,—In reply to your note of the 19th of October, respecting those cases of puerperal fever which occurred in my practice, I beg leave to subjoin the following answers to your queries:—I may premise that at the time of my attendance on those females who were subsequently attacked, I had under my care a young man laboring under sloughing bubo, combined with erysipelatous inflammation of the scrotum and nates, of a malignant character, which required dressing daily, and which ultimately proved fatal. It may be somewhat corroborative of the supposed dependance of this form of puerperal fever on an animal poison generated by this sore, and propagated by contact, that the sister of the young man, who waited upon him, was seized with erysipelas of the head and face, of a very low, typhoid nature, which terminated fatally in a few days.

"1. In answer to your first question, it is my decided opinion that the cases occurring in my practice were from contagion.

"2. It would be unnecessary in me to repeat my implicit belief in the contagiousness of this disease, and its connection with this case of erysipelas; but if further confirmation were needed, I might adduce the circumstance, that immediately antecedent to my taking the charge of the above case of erysipelas, I had met with no cases of puerperal fever, and that upon discontinuing my attendance upon the young man (which I immediately did upon the belief that I was the medium of conveying infection from him to the puerperal cases), I had no recurrence of puerperal fever.

"3. In reply to this question I may give it as my opinion, that in all my cases the disease had one common origin, viz., the bubo, and was not communicated from case to case.

"4. I had a post-mortem examination of one of the cases, but am sorry that in consequence of not having the notes by me, I cannot answer this question so satisfactorily as I could have wished. The abdomen was tympanitic; the uterus flaccid, with considerable softening; its lining membrane injected. There was a large quantity of serum in the peritoneum, with flocculent matter floating in it. We made an examination to ascertain whether there was any pus in the veins, but we were unable to discover any.

"5. I have no ground for faith in any particular treatment, as all seemed alike unavailing. In the treatment of the above cases, assisted by Drs. Thompson and Favell, various forms were employed. In the two first cases we employed bleeding, both general and local, which we thought prejudicial, by depressing the powers of the patient. Mercurials were employed without any good effect. Turpentine was given by the mouth and rectum, and applied externally to some of the latter cases; this at the time I thought to be most beneficial.

"6. I have known of none of the attendants on these puerperal patients being attacked by any disorder which might be supposed to have arisen from these cases.

"7. No other medical practitioner had any case of a similar nature at that time.

"8. The first case commenced on the 27th of October, 1838, and the last on the 3rd of November, and during that period five females were seized, and all died. During this week I attended two other females; one went on well without any unfavorable symptom; this patient I was called to about four hours after attending a lady who was the first fatal case; the other was attacked with inflammation of the mucous membrane of the bowels, but recovered in a few days. In the latter case, twelve or fourteen hours had intervened between my visit to the young man and my attendance upon this female; but in all those which proved fatal I went nearly direct from dressing the sore.

"I should also wish to state that at the time those cases occurred to me, Mr. Parker, then my pupil, but now resident in Sheffield, attended many midwifery cases, and all recovered well. He never visited the erysipelatous patient.

"The above cases were not confined to one locality, but were living in different parts of the town, showing that the disease did not arise from any local cause. As I have previously stated, I had very strong suspicion, after the first case or two, that I was conveying the infection, but could not discover how until the sister was seized. This was the most malignant case of erysipelas I ever witnessed. I then began to think whether I was not conveying the poison from this source. I am sorry that the above cases were not reported at the time they occurred. The reason why they were not arose from what I said concerning the notes in my former letter. You are quite at liberty to make whatever use of the above remarks you think proper.

"I am, dear Sir,

"Yours truly,

"Sheffield, Nov. 15, 1843. "G. Reedal.

"To Robert Storrs, Esq."

Mr. R. P. Sleight, of Hull, states that he had the misfortune to meet with three cases of puerperal peritonitis; the first case occurred on the 17th of May, 1838; the patient was attacked on the day after her delivery, and died on the 19th. Her nurse had been attending a lady who died a week or two before of the same disease. The next two cases occurred within a week or ten days of each other; "I was called to the first case whilst visiting a patient suffering from erysipelas; I immediately left him, and went to attend my female patient, who had a quick natural labor; she was attacked with puerperal peritonitis within twenty hours after her delivery, and died eighteen hours after the commencement of the attack. In the second case the patient was attacked the day following her delivery, and died within twenty-four hours."

Mr. Hardey, of Hull, states that the disease occurred in his practice in the spring of the year 1838.

"On the origin of this fatal malady (says he), in my own practice, I can offer no satisfactory solution, though I am impressed with the conviction it was in some way connected with my attendance on a case of large sloughing abscess of the groin, and also one of erysipelatous abscess of the mammæ about the same period. The malignity of the disease was also, doubtless, favored by peculiar atmospheric constitution, inasmuch as large numbers of sheep, pigs, and cattle died at the same period of parturient disease in this

and the neighbouring counties. It would seem, however, from the order in which the cases occurred (to which I shall refer ere long), that a strong predisposition to disease must have been inherited by the parties affected, inasmuch as nearly two-thirds of the women attended by myself during the period contemplated, effectually resisted the contagion of which I was, I presume, the medium, and to which they were equally exposed with their less favored neighbours. I may further remark that the cases, whether fatal or otherwise, were spread pretty equally over the town and suburbs, and in no case could the fatal result be ascribed to unfavorable locality. The women affected, with but one exception, No. I., were of strictly regular habits of living, and all in comfortable circumstances. Of the seven fatal cases, five were in persons of good average health and constitution, the other two, Nos. II. and IV., were individuals of greatly impaired health ; it is also worthy of note that, in all the fatal cases, the labors were natural, and of ordinary severity."

Mr. Hardey attended the seven fatal cases above mentioned between March 21 and April 20, besides thirteen others, all of whom did well; some of those who escaped the disease were attended by him within a few hours of those cases which proved fatal.

The treatment adopted was similar to that employed by Mr. Reedal and myself, but proved entirely unavailing. He is not aware that any diseases were originated by these attacks in the families of the affected females, and thinks that the further progress of the disease was arrested by a thorough new dress, frequent chlorine ablutions, &c.

The following history was mentioned to me by one of the parties concerned, and shows most clearly and positively the origin of the disease from gangrene. I have, however, no authority from any of the parties, and am not, therefore, justified in giving names.

Three surgeons, residing in the same town, attended the post-mortem examination of a patient who had died from gangrene after an operation for strangulated hernia, and were all of them employed in handling the diseased parts. One of them was called from the inspection to a case of labor, which terminated in fatal puerperal fever; he had others in rapid succession. The other two surgeons had also fatal cases of puerperal fever within a day or two after the same inspection.

On casually meeting, they mentioned their misfortunes to each other, and were thus convinced of the origin of the disease. They all abandoned practice for a short period, and had no more of it.

Mr. James Allen, of York, who some years ago had a long list of fatal cases of puerperal fever occurring in his practice (though he does not remind me in his communication either of the number of them, or of the length of the period of their occurrence), states that in his practice he believes that disease to have been contagious ; he also thinks that he was a means of conveying it from case to case, but cannot understand how it was that in some instances the precautions he made use of were of no avail in preventing the disease, and that in others his patients escaped receiving it. He did not, however, leave home or abstain from practice, as at that time I believe he flattered himself that the disease was more epidemical than contagious. The first case of his series was the only one in which he could trace any connexion with erysipelas.

For a period of two months or more the disease was suspended, when another woman was seized who was attended in labor by his assistant in a pea-jacket, which he had last used whilst remaining all night in attendance on a fatal case of puerperal fever in an advanced stage. "This first case of a second series," says Mr. Allen, "was immediately followed by an attack of the husband with peritoneal inflammation, with all the characteristics of puerperal fever, which proved fatal in three days." Mr. Allen is not aware that any other diseases than the one above-mentioned were produced in any of the families or friends of the parties. He also states that three or four other practitioners had cases of the disease at the time, though not altogether so many as he had.

With regard to treatment, he states that "the lancet, calomel and opium, turpentine, &c., were all tried, but seemed alike futile," though he had the advice and assistance of Dr. Simpson, and others of the most experienced practitioners in York.

I would here briefly draw the attention of the reader to the remarkable and striking fact of Mr. Reedal having five fatal cases of this horrid malady in labors which he attended so immediately after dressing a case of malignant erysipelatous disease, and on his leaving off attendance on this case having no more of it, and that neither his pupil even, nor any other medical gentleman in Sheffield, had any instances of it among their labor cases ; also that Mr. Sleight had two cases whilst in attendance on a case of erysipelas ; that Mr. Hardey's cases also arose while he was in attendance on a case of sloughing abscess and of erysipelas. And again, that three surgeons were simultaneously the means of spreading puerperal fever from one post-mortem examination of a case of gangrenous erysipelas —a combination of evidence I think sufficient to convince the most sceptical that this disease produces a subtle animal poison, which is instrumental in propagating, when puerperal women are subjected to its influence whose predisposition favors it, a disease in about thirty-six or forty-eight hours afterwards of the most inflammatory, prostrating, and violent character—a disease which stamps death on the features and in the symptoms immediately on its occurrence.

I will now briefly refer to those cases which have been lately published, which I have been able to meet with.

Dr. Holmes, in the article in the American Journal before alluded to, relates the following history in the practice of a physician, illustrative of contagion. He had six fatal cases of puerperal fever, besides others which recovered, from February 4 to March 28, 1830; he changed his clothes, attended no more labors until April 22, and had no more of the disease. The same physician had another disastrous period in 1835, having several cases of puerperal fever from July 1 to Aug. 13, only two of which died. At this time he changed his clothes as much as possible, and washed his hands in solution of chloride of lime after each visit, which accounts for the less severity of the contagion. He had no erysipelas under his care at the time, to his recollection. The following series of cases in the same journal, exhibit its origin from erysipelas. A

physician of Boston had five fatal cases from the 7th of May to the 17th of June, 1842, and two recoveries. He had been attending a case of severe erysipelas when the first case commenced. This physician states that a practitioner in a neighbouring state had eight deaths from puerperal fever in a few weeks, no other practitioner in the neighbourhood losing a single case during that time.

Another series of cases, fixing the origin of the disease on erysipelas, is recorded by a physician of Boston as occurring in that town during last spring. From March 20th to May 9th he had seven cases, the first five of which were fatal ones. They were the only cases attended by him during the period.

The first patient of this series was delivered March 20. " On the 19th, Dr. C., the physician in question, made the autopsy of a man who died suddenly; sick only forty-eight hours. Had œdema of the thigh, and gangrene extending from a little above the ancle into the cavity of the abdomen. Dr. C. wounded himself slightly in the right hand during the autopsy. The hand was quite painful the night following during his attendance on patient No. I. He did not see this patient after the 20th, being confined to the house and very sick from the wound just mentioned, from this time until the 3rd of April.

" Several cases of erysipelas occurred in the house when the autopsy mentioned above took place, soon after the examination. There were also many cases of erysipelas in the town at the time of the fatal puerperal cases which have been mentioned.

" The nurse who laid out the body of the patient No. III. was taken on the evening of the same day with sore throat and erysipelas, and died in ten days from the first attack. The nurse who laid out the body of the patient No. IV. was taken on the day following with symptoms like those of this patient, and died in a week without any external marks of erysipelas.

" No other cases of a similar character with those of Dr. C. occurred in the practice of any of the physicians in the town or vicinity at the time."

I have reversed the order of the various series of cases, as the last series here mentioned is so similar in origin to one which occurred in the practice of Dr. Paley, of Ripon; it was published in the " Medical Gazette" for Dec. 6, 1839, and was republished in the Provincial Journal of May 14, 1842, as illustrative of the origin of puerperal fever from gangrene, and in corroboration of the facts detailed in my paper published in the same Journal on the 23rd of April previous. Of this series I will now give a condensed statement. A surgeon in the neighbourhood of Halifax had six fatal cases of puerperal fever. On his calling in Dr. Paley to his second and third cases, he (Dr. P.) gave it as his opinion that they were true puerperal fever. Dr. P. states, " there is not the slightest doubt on my mind that the surgeon who was in attendance was the means of communicating something (call it what you please) from the patient laboring under disease of the scrotum to the lying-in women, which in them produced puerperal fever." A lady who repeatedly visited the first case, married, aged fifty-four, was seized with violent pain of the bowels, and died in twenty-six hours after the seizure.

I have endeavoured to be as brief as possible in the relation of the various histories and cases above mentioned, as they may all be consulted at length in the publications in which they have severally appeared.

In April, 1840, a communication from Dr. Hutchinson, of Nottingham, was presented by Sir James Clark to the Royal Medical and Chirurgical Society, in which three cases of puerperal fever, occurring in the practice of one accoucheur consecutively, are recorded, one of which was accompanied by erysipelas and sloughing of the labia, &c; the cases occurred at a time when erysipelas was prevailing in the neighbourhood. The same communication states that two practitioners residing ten miles apart met half way from the residence of each, in attendance upon a patient suffering from extensive erysipelas of the leg, with sloughing, which required incisions to be made, in which both were engaged in handling the parts affected. One of them the same evening attended a patient in labor, previously healthy, who died of puerperal peritonitis.

Dr. King, in the discussion on the paper, stated, in proof of the contagiousness of puerperal fever, that some years since a practitioner at Woolwich lost sixteen patients from this disease in the same year. The neighbouring surgeons had no cases of it in their practice.

Dr. Merriman at the same time stated that infantile erysipelas had frequently occurred after the death of the mother from puerperal fever in his practice. He also stated that on one occasion he was present at the examination of a woman who had died of puerperal fever; he did not touch the body, but the same evening was called to a labor where he had scarcely anything to do. The next morning the patient was seized with puerperal fever, and died. Her infant was seized with erysipelas, which proved fatal in a few days.

Mr. Gregory Smith on the same occasion stated that a woman who had died of puerperal fever was brought into the Windmill-street School. He passed his hand from the uterus into the vagina, and was seized with pain in it immediately, was very ill afterwards, and had his hand and arm covered with pustules.

Dr. Robert Lee relates the following list of cases, all of which support the doctrine of contagion, and some of them the origin of the disease from the specific poison of erysipelas.

In the last two weeks of September, 1827, five fatal cases of puerperal fever occurred in the practice of one midwife. No example of inflammatory disease of a serious nature occurred amongst the patients of the other midwives of the same institution at the time.

On the 16th of March, 1831, a practitioner near London opened the body of a person who died of peritoneal inflammation after delivery, and between that time and the 6th of April he attended three fatal puerperal cases which fell victims to this disease. And on the 30th of March a young woman whom he bled was afterwards seized with phlebitis accompanied with erysipelas, and died.

In 1839, Dr. Lee himself, after the post-mortem inspection of a case of uterine inflammation, immediately attended a young lady in labor, who was taken with uterine inflammation, but recovered.

In December, 1830, two fatal cases occurred to one

midwife of the British Lying-in Hospital on the same day, and another whom she examined, but who afterwards went home, fell into labor, and on the following day was taken ill and died.

In 1835, a surgeon at the West-end of London was attending a case of phlegmonous erysipelas of the leg with extensive sloughing; three cases of fatal uterine inflammation occurred to him at the same time. Dr. R. Lee assisted him at the autopsy of the last case, and had two fatal cases follow immediately, in spite of all the precautions he could take. One of the infants also died of erysipelas.

In August, 1836, another practitioner in the neighbourhood of London had three fatal cases of uterine inflammation; Dr. Lee was called in to assist at one of them, a case of turning; he afterwards assisted at the post-mortem of this case; on the same evening he attended a private case in London, which proved fatal. The assistant to the practitioner was seized with fever and foul ulceration of the throat, &c., but recovered. The cook in the same family had these symptoms in milder form, and the carpenter who placed the body in the coffin recovered with difficulty. These cases and details are extracted and condensed from the Lectures of Dr. R. Lee, published in the "Medical Gazette" for August, 1843.

By the kindness of Mr. N. B. Fisher, of Bungay, Suffolk, I have been favored with an account of five cases (since published in the Prov. Journal) which occurred to him between the 28th of July and the 14th of August of this year, all of which proved fatal. The history of the cases and his remarks upon them, strongly manifests the intense anxiety he felt to avoid the further propagation of the disease, and demands the strongest sympathy of his brother practitioners, more especially of those who have been fellow sufferers from a similar cause. His treatment of the cases was, I think, extremely judicious, though totally unsuccessful, and eminently proves the necessity of looking to prevention rather than cure. He ascribes the origin of the disease to typhus fever. I will extract his account of the circumstances attending the occurrence of the cases.

"Ever since August, 1842, continued fever has prevailed extensively in our town and neighbourhood; even now it continues in some localities. To form an accurate estimate of its prevalence, I may state that the population of Bungay is 4,000, and I think I shall not be extravagant in putting down the fever cases at 250. Its type has been generally mild, the cases extremely protracted, and happily the rate of mortality low, not averaging more than 1 in 15.

"On July 28 the patient No. I. was delivered, and the following day I attended another midwifery case, which did well. On the 3rd of August No. I. died, and on the 5th I delivered Nos. II. and III., within little more than an hour of each other. On the 7th I attended No. IV.; and Nos. II. and III. were seized while I was with her; indeed, one of them sent for me while I was detained in the house. No. V. I attended most reluctantly on the 5th instant, and not until I had put on my winter clothing, and washed my hands in a strong solution of chlorinated lime. It ought also to be observed, what I have before noted down, that No. V. was ill at the time of delivery with symptoms indicating the approach of fever, which had been in the house for three months; so that it does not follow necessarily that I communicated the disease to her, as she was in a condition, to say the least, much predisposed to be affected by any epidemic tendency to puerperal fever; perhaps she had contracted the disease before delivery.

"As bearing upon the vexata questio of contagion, I must remark I delivered only one patient after No. I., and that was on the following day, before No. I. was attacked, and she did well, simply, as I apprehend, because I could not be the medium of communicating contagious effluvia I had not received. And what further countenances the very painful impression of my having transmitted the deadly poison is, that the women attacked were residing in detached, and in two cases remote, situations, where I could trace no connection whatever with a puerperal case beyond myself, and up to this period the disease had been unknown for many years in the town and neighbouring district, except a solitary case here and there, which attracted but little attention."

Mr. Fisher has extracted two strong instances of the disease from Dr. Collins' work, which are worthy transcribing. "A patient was admitted at a late hour of the night into one of the wards of the Dublin Lying-in-Hospital, laboring under a bad form of typhus fever, with petechiæ; she was removed next morning into a separate apartment, where she died. Two females, who occupied the adjoining beds to hers, were attacked with puerperal fever, and died. In October, 1827, a patient in typhus fever was admitted into one of the labor wards of the same hospital, where she remained some hours; the ward contained four beds; three women occupying the other beds were seized with puerperal fever, of which two died."

I have endeavoured, in bringing together the numerous melancholy histories above related, to adhere simply to facts, and, as much as possible, to avoid the introduction of any extraneous matter but what is necessary to give connection to the subject, and to render it intelligible. There can be no doubt but that the greater part of the series of cases have been treated with skill and judgment; all of them with carefulness and anxiety; but whatever kind of practice has been adopted, and I am inclined to think that in all of them the practice would be adopted to the peculiarity of each case, to its symptoms and condition, rather than to theories and authorities, yet in the hands of the most skilful physicians and surgeons in London, in York, in Hull, in Sheffield, and in America, scarcely any recoveries are recorded. How can we, therefore, flatter ourselves that any kind of treatment can be made available in arresting so malignant a disease—a disease in which the proportion of deaths to recoveries far exceeds that of the malignant cholera itself! But, fortunately, if it can be proved, as I think it clearly is, that the disease in this malignant form arises from an animal poison, and that that animal poison is the product of but few other diseases, how easily will the direful malady be averted by simply abstaining from visiting, without proper precautions, all obstetric cases, when in attendance on such diseases as gangrene, typhoid erysipelas, malignant typhus, and after making port-mortem examinations of any of these diseases.

In speaking of the fatality and malignity of true puerperal fever, such as occurs in a rapid succession of cases in the practice of one practitioner, it must not be confounded with a mere sthenic or sporadic case of puerperal peritonitis—a case which must have occurred to almost every practitioner who has had an extensive and continuous midwifery practice. But that it is often so confounded in the minds of some men there can be no doubt of. An eminent accoucheur, who has now retired from a large London practice, told me, not long ago, that he did not believe in the existence of any other disease of this description than simple puerperal peritonitis; he had never lost but one case of the kind. It is plain he had never seen *the disease*.

I will now briefly recur to the history of my own cases, as it bears upon all the important points of the four propositions I have advanced, and endeavoured to prove by the preceding array of evidence. These propositions are strongly supported by one or other of the cases respectively; by all of them on the subject of contagion; by the greater part on the subject of its origin from an animal poison, chiefly erysipelas, by many of them in the power of producing diseases in others of a malignant nature; and in all of the futility of treatment of any exclusive kind as a means of combating the mischief, consequently the necessity there is of looking to preventive measures alone.

No. I.—On the 8th of January, 1841, I attended Mrs. Downes, at Doncaster, in labor. I was at the time attending a Mrs. Richardson for gangrenous erysipelas; the nurse of one was also the attendant of the other. Mrs. Downes died of puerperal fever, and a sister of hers had typhus fever from attending her.

No. II. On January 13th, I attended Mrs. Boyd, of Cantley, four miles from Doncaster; she also died. Her mother-in-law had typhus fever a few days afterwards, and died. Mrs. Lockwood, of the same place, had typhus, and recovered. She was the attendant of both. Mrs. Lockwood's son had typhus fever also, and recovered with difficulty.

No. III.—Also on January 13th I attended Mrs. Briggs, of Doncaster, who died. Her husband was ill of typhoid erysipelas at the time, but recovered. Her friend and neighbour Mrs. Manby had erysipelas, pluritis, and abscess, but recovered. The nurse of Mrs. Manby had typhus fever, and died.

Nos. IV. and V. of the series recovered. No other diseases resulted from them.

No. VI.—Mrs. Bullas, at High Ellers, three miles from Doncaster, I attended Feb. 12, having opened an abscess on that day from Mrs. Richardson, the gangrenous erysipelas case. Mrs. Bullas died. Her sister had herpes, erysipelas (typhoid), followed by an immense abscess in the mamma.

No. VII.—Mrs Pearson, Doncaster, was attended, Feb. 19, by my friend Mr. Loxley, was only seen by me; she laid out Mrs. Barrett's child, who had died of gangrene of the navel a few days before. I had attended Mrs. Barret between the first three fatal cases and this. Mrs. Pearson died, and her child died afterwards of erysipelas of the navel and genitals.

No. VIII.—I attended Mrs. Williams, of Doncaster, having opened an abscess for Mrs. Richardson on the morning previous. She died.

I now exiled myself for a fortnight, and underwent, as I supposed, a thorough purification.

No. IX.—I attended Mrs. Wilson, of Doncaster, March 21, at night; on the morning of the same day I had opened an abscess in the thigh of Mrs. Richardson, containing at least three quarts of pus. Mrs. Wilson died.

No. X.—Mrs. Bark was attended, March 22, the day following, and died also.

When the poison was somewhat exhausted some months afterwards, my assistant applied a bandage to Mrs. Richardson's leg, and on the following day attended a young woman in labor, who was seized with severe peritonitis, was twice bled, but recovered. The seizure was not so prostrating, but of a more sthenic character than the others.

I think, after a dispassionate examination of the cases and histories recorded above, it will be allowed that the propositions I have stated at the commencement of this paper have been fully made out. The contagiousness of the disease is chiefly proven by its adhering to one practitioner in a place alone. He will, for instance, have several cases of it in succession, and until he is fully made aware of being himself the vehicle of the poison which produces it, he cannot rid himself from it. When, however, he is fully convinced of its contagiousness, he ceases his attendance on obstetric practice for a time, uses complete and frequent ablutions, perhaps goes from home, has a complete change of clothes, and on his return, or on the resumption of his practice, has no more of it. Sometimes, though at an early period, fully aware of the contagion he is spreading, he repeatedly changes his clothes, and uses every precaution that extreme anxiety can suggest; still the disease clings to him, even after a journey, and abstaining from practice; until he becomes aware that the subtle poison arises from a non-puerperal case which, on declining to attend, he at once finds to have been the cause of all the mischief. Such was my case, and though I personally attended in all about twenty cases, which did well during the lengthened period of the continuance of the disease with me, I am convinced that they only escaped destruction in consequence of my anxious efforts to rid myself of the disease by the precautionary measures above mentioned, but which in some instances were unfortunately insufficient, because I was still attending the case from which the poison sprung. Whatever information, therefore, throws a light upon the origin of the disease must be valuable in teaching us how to prevent it, whether that origin be erysipelas, gangrene, or typhus.

How much inferior in importance must a knowledge of the treatment or post-mortem appearances of such a disease be, when its rapidity and severity allow of neither time nor means with which to combat it, and where the exceptions to the rule are the cured, not the deaths, and where recovery, where it does take place, appears to result from some fortunate circumstance, which has mitigated the intensity of the poison, or from some unusual degree of insusceptibility on the part of the patient, rather than from the skill and promptitude of the practitioner. In those instances in its history where the disease has been so frequently brought to a favorable termination, as in Dr. Armstrong's cases, I should attribute the

success to the less degree of intensity of the poison which had set it up, or (if the irruption was of long continuance) to its being partially worn out rather than entirely to the skill of the medical attendant; because, though the form of treatment adopted by that eminent man, by Mackintosh, and others, has been repeatedly followed up, it has very seldom been found available in the more destructive forms which have been recorded in this paper. The most eminent men of the present day who have witnessed it—as Drs. Locock, Ferguson, R. Lee, &c.—are not less hopeless of success than was Dr. William Hunter almost a century ago.

I have said little, therefore, on the subject of pus in the veins (at this time a favorite theory), as it appears to be sometimes present, though more frequently not so, my efforts in doing good being, I think with reason, directed to prevention alone.

As it is well to be always guarded against such a misfortune, I think it desirable for midwifery practitioners to avoid attending labors in the same dress in which they attend their ordinary patients, especially the coat, as this garment must be the one most likely to be the means of conveying fomites; and at any suspicious period, when typhus or erysipelas are prevailing, to carry out the same carefulness even in the after attendance on labor cases.

I should also, after a post-mortem of any kind, or after an operation upon any case of erysipelas, or of typhus, recommend the most careful ablutions of the hands, and for the surgeon to avoid attendance on a labor in any part of the dress in which such operations have been performed, not forgetting the gloves, as the hand and arm are the chief instruments of contact. Where, however, the disease has been unfortunately once set up in a practice, an absence from home for a fortnight or three weeks, a total change of raiment, the most careful ablutions, and a perfect avoidance of every case likely to have been the source of animal poison, should alike be adopted by the practitioner.

I shall now bring this perhaps tedious paper to a conclusion. It has extended itself much further than I at first intended it; but when once commenced, I found it impossible to condense all the facts which have come into my possession into a smaller compass, and even now I have omitted some of them which bear upon the subject, from my anxiety both to avoid prolixity and tautology. Having then completed this task, which I have not sought, but have undertaken entirely from the desire of fulfilling a promise, and of disseminating knowledge which cannot otherwise be purchased but at a sacrifice of human life and suffering, I shall bid the reader farewell; trusting it will please God to spare him the infliction of such dear bought experience.

ROBERT STORRS.

Doncaster, Nov. 22, 1843.

Removal of one ovary does not prevent the female becoming pregnant, for Dr. Chrysmar states that a patient, who was alive eight years after the operation, had in the interval given birth to a living child.—*Mr. Southam.*

CASE

OF

ŒDEMA GLOTTIDIS,

OCCURRING SUDDENLY FROM A COMMON COLD, AND RELIEVED BY THE OPERATION OF LARYNGOTOMY.

By JAMES CARSON, M.D.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have conceived that the following case of successful performance of the operation of laryngotomy for the relief of œdema glottidis, may not be uninteresting to the profession.

I received at four o'clock on the morning of Saturday, the 11th inst., a note from Mr. Parker, the house surgeon of the Northern Hospital, informing me that there was a patient in the hospital laboring under marked symptoms of œdema glottidis. As these symptoms had only supervened two hours previously upon a common cold, and as in that short time the appearances had become alarming, I went down to the hospital immediately, and found Mr. Parker with everything prepared for the performance of the operation. The extreme severity of the symptoms upon my arrival, and the short period of time in which they had come on, left no room for hesitation or delay. I directed Mr. Parker to proceed in his intention. The following notes were drawn up by Mr. Parker, who operated and carefully watched the progress of the case.

Robert Harvey, aged forty-five, a sailor, of temperate habits, admitted Nov. 10, at three, a.m., under Dr. Carson, states that yesterday morning he was attacked with sore throat and hoarseness, but experienced no difficulty on respiration until one o'clock this morning. At present he is able to speak only in a whisper. The respiration is somewhat impeded, and attended with a rough loud noise, which evidently arises from some obstruction about the glottis. Pressure upon the larynx is attended with pain, as is also protrusion of the tongue. Swallowing is difficult and painful.

On examining the fauces, some slight degree of redness is perceived, with little or no swelling.

On introducing the finger into the mouth, the epiglottis is found to be much swollen, and feels like a cherry.

He states that at times he feels strangulated. Pulse 104, soft; tongue furred and dry, from the mouth being kept open; but little febrile disturbance; some bronchial râle upon the right side.

He was bled from the arm to sixteen ounces, from a large orifice, without any relief to the symptoms; and some leeches were applied to the larynx, but the respiration becoming rapidly worse, and the spasmodic attacks more frequent, the leeches were removed, and the operation of laryngotomy performed in the usual manner. No difficulty was experienced, and the introduction of the tube gave rise to but slight irritation. As soon as the coughing had ceased, he breathed through the tube, and expressed himself as being much relieved. The countenance, which had previously been anxious and distressed, now assumed its natural expression. At five, a.m., two hours after admission, he was placed in bed, and took a quarter

of a grain of tartar emetic, to be repeated every two hours.

Noon. Has slept at intervals since the operation; respiration easy, and not much excited; some thick mucus discharged through the tube, which requires to be cleaned occasionally; pulse 120, soft; has perspired freely; bowels not open. Continue the antimony every three hours; let a blister be applied to each side of larynx; a simple enema.

Nov. 11. He has passed a good night, and feels better; voice much improved; less pain on swallowing; bowels have been opened by the enema; respiration 24 in the minute; a sonorous râle (bass fiddle) is heard in the posterior region of the chest, which is probably occasioned by the tube in the larynx; pulse 128, soft. The blisters rose well, and were dressed with strong mercurial ointment; the tartar emetic was omitted last night, and two grains of calomel and a quarter of a grain of opium, every second hour, substituted for it. The temperature of the ward has been kept up; and, at the request of Dr. Carson, an elastic catheter has been fixed into the tube, so that, by compressing the end with the fingers during expiration, the patient is enabled to *prolong* it a little. The epiglottis, examined with the finger, is still much swollen, but feels softer.

12. Continues to do well; passed a good night; pulse 100, soft; bowels opened by an enema; tongue furred and moist; appetite returning; experiences little or no difficulty on closing the tube, but it is considered advisable to continue it a little longer. Continue the pills.

13. Is going on well; can speak without difficulty on closing the tube; pulse 80; mouth not affected by the mercury. Continue the pills.

15. The tube was taken out yesterday; the wound is now partially closed; respiration by the larynx quite free; epiglottis assuming its natural sharp edge; mouth slightly affected by the mercury, which was discontinued last night; expectoration pretty free; bowels not opened since the 12th. An aperient mixture.

17. Is going on well; wound nearly healed; is allowed to sit up.

20. Feels quite well, and wishes to be made an out-patient. His wound being nearly well, and having ceased, for several days past, to communicate with the larynx, he was allowed to go out, and directed to return occasionally to be dressed.

REMARKS.

I beg leave to make a few remarks upon the above case, and the operations upon the larynx and trachea in general, necessary for the explanation of some parts of the after-treatment.

With regard to the operation, I do not understand why Liston, Porter, and other surgeons of eminence, recommend the more difficult and dangerous operation of tracheotomy, in affections of the larynx, in preference to the very simple operation of laryngotomy. In their practised hands, tracheotomy may be comparatively easy; but every-day surgeons, unaccustomed to the use of the knife, will find laryngotomy in such cases much easier, and altogether unattended by the imaginary objections which these gentlemen have suggested. In nine cases out of ten, at least, of the affection called œdema glottidis, the inflammation is confined to the glottis and parts above it. The accurate French pathologists have divided this inflammation into laryngite sus-glottique and sous-glottique. I have never seen the latter form of disease; and, although I am very far from denying its existence, yet I hold it is very rare, and from the history given of it by Cruveilhier, who first drew attention to it, it is a very distinct, and easily distinguishable, disease from the former. But admitting that the inflammation does extend to and below the edge of the thyroid cartilage, what danger is there in performing the operation even in the inflamed part?

If there be any, it must arise from the irritation of the tube applied to the inflamed surface. But would not the incision, and even the presence of the tube, assist in the removal of the œdema? To be sure, the operation of tracheotomy requires more surgical dexterity. In cases of croup, where the presence of a false membrane renders more complicated the operation of laryngotomy, tracheotomy, if an opening be advisable, is to be preferred. But I hold with Cheyne and Stokes, that in this disease, if the patient is seen in time, energetic treatment is much more likely to be successful than the operation, and as this last is and will be in general performed when the practitioner despairs of his general treatment, although some few cases of success may appear to justify the proceeding, I am of opinion that the best way would be to let the patient die quietly.

Nothing throws more discredit upon useful operations than the frequent and generally unsuccessful performance of them in general cases. Suppose the success of amputation in a limb be one in ten, should we ever be justified in performing this operation?

In the present case, upon the larynx being opened, I observed—for I was looking for it—the strange agitation and hurried respiration lasting for a few seconds, which has been taken notice of by Porter, and which I had before observed in a case in which the operation was performed by my late friend, Mr. Wainwright.

The patient, in his expression and respiration, had much the appearance of a man who had taken a plunge into a very cold bath. From this condition, however, he almost immediately recovered. From the very accurate details given by Mr. Parker of the progress of the case, it would appear that, from the termination of the operation, everything went on well. There were, however, some appearances, taken along with what I had observed in Mr. Wainwright's fatal case, which occasioned me a good deal of uneasiness for several days. The pulse rose after the operation, and the respiration did not increase in like proportion. The patient, though fatigued, I always found sitting up in bed, as if he had more ease in that position. When spoken to, his replies or signs were made slowly, and with an air of languor, not to be attributed to the severity of the disease, either of the larynx or trachea. This, for the first day, might be accounted for by the tartar emetic, which I now think was both unnecessary and dangerous, but it continued for two or three days. The inspirations and expirations appeared both to be of unnecessary extent, and to me it appeared that the expiration was performed with great rapidity. Mr. Parker did not observe it. I was induced by these circumstances to

fasten a catheter into the orifice of the canula. One advantage to be derived from this proceeding was the being enabled, by the application of cloths dipped in hot water to the tube, to raise the temperature of the air inspired by the patient. The other will be better understood from what follows.

The fatality attendant upon operations of laryngotomy and tracheotomy, whether performed by the surgeon or the suicide, has not been explained. In the latter case, the moral depression which leads to the action has been advanced as producing a fatal result in ever so slight an injury. But I have seen a patient who, with the deliberate intention of self-destruction, jumped out of a lofty window, recover from a compound fracture in both extremities. In the case operated upon by Mr. Wainwright, the appearances immediately and for several hours after the operation were as favorable as in the present, yet labored and stertorous breathing came on, with inability to expectorate the mucus, and the patient sunk during the night, with all the appearances of suffocation. On a post-mortem examination there was found no trace of inflammation, but passive congestion of the lungs, and serous effusion into the pleura, as we find in persons who have died of any disease after a prolonged agony.

These appearances have, I believe, been generally found in all cases which have sunk after the operation of bronchotomy. In Mr. W.'s case some of this might be attributed to the delay of two hours, rendered necessary by a difference of opinion in the consultation preceding it. At that time the explanation which I am going to offer, of the dangers arising from this operation, occurred to me, and its correctness has, to my mind, been confirmed by the phenomena observed in the present case. Isidor Bourdon, a French physiologist, first, I believe, drew attention to the important part performed by the glottis in the mechanism of respiration. The movements of the glottis were directly observed by another pathologist in the case of a suicide, and direct experiments have been made upon animals to illustrate these movements. The glottis dilates during inspiration, and is contracted during expiration; and there is an obvious reason for this. The expiration should be as much under the influence of the will as the inspiration. The duration of a natural expiration is nearly the same as that of an inspiration, but the only muscles by which an expiration can be regulated are the constrictors of the glottis. The act of expiration, as it was for the first time and satisfactorily explained by my late father, Dr. Carson, is simply mechanical, produced by the elasticity of the lungs, the weight of the walls of the chest, and the elastic apparatus of the joints of the ribs.

Take away the check of the contracted glottis, and the chest collapses immediately with a rapidity proportioned to the respiratory aperture, and not in the slow graduated manner observed in natural respiration. The necessary consequence of such a rapid collapse would be a diminution of the duration of time in which the air introduced into the lung is kept in contact with the aerating surfaces, diminished aeration of the blood, and, in consequence, gradually progressing sanguineous congestion. In addition to this inconvenience derived from the removal of the influence of the glottis upon expiration, there is a still farther evil perhaps of greater consequence tending to produce the same result. In ordinary respiration the walls of the chest are expanded and contracted into positions intermediate between the medium capacity of the chest, and the positions of extreme dilatation and contraction. The glottis is the only check by which an ordinary expiration is prevented from becoming at all times an extreme expiration. The glottis gradually contracting during expiration, opposes a resistance to the exit of the air by diminishing the passage, and thus affords a period of repose to the powerful muscles which dilate the chest. As a necessary consequence of the extreme collapse, the dilatation of the chest would require an increased exertion of the muscular power by which it is usually effected, and during the first part of the dilatation an exercise of this power at an extreme mechanical disadvantage. The exhausting influence of this extraordinary exercise of muscular power so often repeated, would soon knock up the most powerful individual, and these two consequences of the removal of the influence of glottis united appear to me satisfactorily to explain the sinking and gradual suffocation, which have so often carried off patients after the operations of tracheotomy and laryngotomy. To obviate them in the present case, I directed an elastic tube to be inserted into the orifice of the canula, and to be compressed by the patient or an assistant during expiration, thus substituting an artificial glottis. If the tube be of sufficient length, the friction of the air in its exit will be sufficient to regulate the expiration, and so do away with the necessity of the artificial glottis.

Had the epiglottis and glottis been cauterised by the nitrate of silver when the patient entered the hospital, as recommended, I believe, by Dr. Corrigan, perhaps this might have obviated the necessity for the operation. It ought certainly to have been done immediately after; and, instead of tartar emetic, calomel and opium have been freely administered to moderate ptyalism.

I remain, Gentlemen,
Your obedient servant,
JAMES CARSON.

CASE
OF
HEMIPLEGIA,
ILLUSTRATIVE OF THE EFFICACY OF STRYCHNIA ENDERMICALLY EMPLOYED.

By G. FIFE, M.D.

[*For the Provincial Medical Journal.*]

Mr. S., aged thirty-five, was admitted into the Sunderland Infirmary on the 17th of June, laboring under paralysis of the whole of the left side, accompanied by considerable excitement, incoherence of speech, difficult articulation, and slight delirium. Face rather flushed; heat increased; pulse small, hard, and frequent; tendency to tremor; is by profession a lecturer on elocution, and had for some time been living very freely. Had experienced slight attacks on the 5th, and 10th, and was finally seized on the 15th. Several years ago he suffered from an attack of apoplexy. Ordered the head to be shaved, and

the cold evaporating lotion to be assiduously applied to the scalp; sinapisms to the inside of both thighs.

Compound spirit of ammonia, two drachms;
Pure water, six ounces. Mix. A fourth part to be taken occasionally.

Calomel, six grains;
Powdered opium, two grains. Mix. Let a powder be made to be taken at bed-time.

Croton oil, three drops;
Extract of gentian, as much as may be sufficient to make two pills, one to be taken early in the morning, and the other two hours afterwards.

18. Passed a tolerable night; in other respects the same.

Calomel, six grains. To be taken every four hours.

Sulphate of magnesia, one ounce and a half;
Tartarised antimony, three grains;
Green mint water, seven ounces. Mix. Two tablespoonfuls to be taken every two hours.

A blister of cantharides to the neck.

Vespere: Continue the powders.

19. Continue the powders and saline mixture; add two drachms of Battley's liquor opii sedativus.

Vespere: Continue the medicines.

20. Excitement much diminished, and mouth very sore from the mercury. To have a gargle of decoction of bark and borax.

Vespere: Turpentine liniment, three ounces; to be applied to the abdomen. To have six ounces of porter.

21. Excitement rather greater than at last visit.

Calomel, five grains;
Muriate of morphine, one grain. To be taken at bed-time.

22. Rather better; has more power over the arm and hand, but can only move the toes a little; pulse very rapid.

Infusion of quassia, seven ounces;
Sulphate of magnesia, one ounce and a half;
Tincture of digitalis, a drachm and a half. Mix. Two tablespoonfuls to be taken every four hours.

Vespere: Considerable restlessness, with an unpleasant degree of drowsiness. To have an enema of half a pound of gruel, and half an ounce of spirits of turpentine, directly. Let him take of extract of conium, five grains, in a pill at bed-time.

23. Much better. Let him take of extract of conium, five grains, in a pill at bed-time; repeat the croton oil pills, as on the 17th.

24. Repeat the quassia mixture and pills of conium.

25. Continue the medicines.

26. Repeat the mixture and pills of conium; to have a gargle of

Muriated tincture of steel, three drachms;
Pure water, seven ounces and a half. Mix.

27. Repeat the pills of conium, to be taken at bed-time.

28. In consequence of excitement being increased, let him take the mixture with digitalis occasionally. The pills at bed-time.

29. Suffering from a slight catarrhal affection, with some fever.

Solution of acetate of ammonia, two ounces;
Pure water, five ounces and a half;
Tartarised antimonial wine, and tincture of hyoscyamus, of each two drachms. Mix. Two tablespoonfuls to be taken every three hours.

Repeat the pills of conium, to be taken at bed-time.

30. Continue the diaphoretic mixture as the last.

In the evening to have a gargle of

Creosote, half a drachm;
Pure water, eight ounces.

Precipitated sulphur, three drachms;
Carbonate of magnesia, one scruple. Mix. Divide into eight papers, one to be taken night and morning.

July 1. Continue the medicine and pills of conium.

2. Being in all respects better, he was ordered the following:—

Infusion of quassia, eleven ounces and a half;
Bicarbonate of potass, one drachm;
Tincture of hyoscyamus, two drachms. Mix. Two tablespoonfuls to be taken three times a-day.

Repeat the pills of conium.

3. Continue the medicines, and to have a gargle of borax.

4. In all respects better; has regained considerable power of the affected arm, but the leg continues perfectly paralytic, he being able only to move the toes. A blister of cantharides to the left lumbar region. Take of strychnia, a quarter of a grain, to be sprinkled over the blistered part.

5. Can move the leg with considerable ease, being able to push off the bed-clothes with it; some slight foul ulcers on the leg. To have half an ounce of creosote ointment; repeat the strychnia as before; take of black draught, two ounces, to be taken in the morning.

6 and 7. Continue the quassia mixture.

8. Repeat the blister of cantharides and strychnia.

10. Repeat the black draught, to be taken in the morning.

11. Continues improving. Repeat the blister of cantharides and strychnia.

12. Can walk about the ward with comfort, and assisted only with a stick; possesses perfect control over the motion of the limb, but feels it weak.

From this time he continued steadily progressing to convalescence up to the 17th, when the blister and strychnia were again used for the last time.

He left the hospital two or three days afterwards quite well, having subsequent to the 11th only required an occasional aperient—generally the aloetic pill.

REMARKS.

Several circumstances connected with the case above reported seem possessed of much interest, whether its pathology or treatment be regarded. On these I now propose to offer a few observations—

1st, as to the Pathology. However imperfect our knowledge of the nervous system may be in its normal state, the researches of modern pathologists have thrown so much light on the phenomena of its diseases, that in a very large proportion of cases the physician may form a tolerably accurate diagnosis, and one of the utmost importance to the successful application of remedial measures. Without at all entering upon the consideration of paralysis generally, and the various causes in which it may originate, I will now state my conviction that in the case before us the cause of the disease may with propriety be assigned to extravasation, limited in extent, and probably situated at the lower and posterior part of

the right hemisphere of the brain, constituting in fact the "Hæmorrhagie Moyenne" of Rostan, in whose division of cerebral hæmorrhages observation and experience lead me to concur, and to regard as theoretically correct and practically useful. In addition to the paralytic affections in the present instance a most unpleasant complication existed, which not only aggravated the primary disease, but also rendered it imperative, in my estimation, to abstain altogether from the employment of active depletion, whether general or local, which, had the symptoms of pressure indicated a more extensive extravasation, must have been resorted to at all hazards. I allude to the symptoms indicative of delirium tremens, which existed at the time of his admission and continued for several days. At one time I was much inclined to suspect that, in addition to any extravasation, there was going on a process to which the term "inflammatory ramolissement" may not be inaptly applied—which apprehension, however, the result of the case proves to have been unfounded—whilst the progress to convalescence and the symptoms accompanying it tend most decidedly to confirm the original diagnosis.

2ndly, Treatment. From what has been above stated, my reason for not having recourse to general blood-letting is sufficiently obvious; at the same time it may be asked whether the local abstraction of blood might not have been safely practised. This question suggested itself to me more than once in the course of the case, and had symptoms persisted it should have been resorted to, not, however, either by cupping or leeching in such a manner as to abstract a quantity of the vital fluid in a brief space of time, but by applying successively a single leech, so as to keep up a gradual flow of it, until the required impression on the system was produced, by which all the bad effects of the sudden shock attendant on any other method may be prevented, and yet the object be effectively secured. Although somewhat irrelevant to the present subject, I cannot refrain from impressing on your junior readers the safety and advantage of this mode of applying leeches where their more liberal and ordinary employment is matter of danger or of doubt.

The first indications were to prevent increase of excitement, to allay the morbid sensibility of the nervous system, to evacuate the intestinal canal, and at the same time to guard against the collapse likely to ensue and consequent on the sudden abstraction of the stimuli in which the patient had so recently indulged, which objects were satisfactorily attained by the treatment resorted to at the first visit. The next point was to guard against any further extravasation, and to promote the absorption of that already existing; this appeared likely to be effected by the means recommended on the 18th, viz., the saline mixture as calculated to moderate the action of the heart and arteries, and the sub-muriate given in such doses and at such intervals as to produce its speedy action on the system generally, and on its absorbent powers in particular, which effect was fully attained within the period of forty-eight hours, when they were obliged to be discontinued in consequence of severe ptyalism and a considerable irritant action on the intestinal mucous membrane. From the 20th to the 29th, excitement and depression were alternately combated by the means recorded and the occasional exhibition of wine, negus, or porter. On the 29th he suffered from a smart attack of influenza, which continued up to the 2d of July.

On the 4th, the endermic employment of strychnia was resorted to, and with the effect above mentioned, and repeated at the intervals stated, until his discharge.

On this remedy the following remarks may not be irrelevant, as I am fully satisfied that when duly exhibited it is both safe and effective, more especially when used endermically. As a general rule it may be stated, that all excitement should be perfectly removed previous to its application—that its efficacy and safety are greater when externally applied than when taken internally—and that its action is more under the control of the practitioner. In those cases where I have given it internally it has invariably produced the most distressing tetanic convulsions, even though given only to the extent of one-twelfth of a grain; to counteract which the largest opiates were but of little avail, whereas, when introduced through the medium of the skin, where even unpleasant spasmodic twitching is the consequence, this may be speedily obviated by sprinkling the surface with a little morphia.

In conclusion, it is due to the memory of the late lamented Dr. Shortt of Edinburgh, to state, that to his kindness and friendship I am indebted for my first information as to the value of strychnia, as well illustrated by his experiments with it in the Royal Infirmary there, on which his clerk, Mr., now Dr., Balfour wrote an excellent thesis.

Sunderland, Nov. 20, 1843.

STRANGULATED FEMORAL HERNIA.—OPERATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I send you the following case of strangulated femoral hernia, should you have room for its insertion in your Journal.

I am, Gentlemen,
Your obedient servant,
THOMAS BANCKS, M.R.C.S.

Stourbridge, Nov. 25, 1843.

On Wednesday, October 25, 1843, I was requested immediately to see Mrs. Beach, of this town, aged forty-two, whom I found with constipated bowels, great pain and anxiety of countenance, and constant vomiting. On examination I found, as I suspected, the symptoms to be occasioned by a femoral hernia, about the size of a small egg, on the right side. She had had these symptoms for nearly twelve hours before my visit, but latterly they had much increased in severity. After a fair trial of the taxis, general bleeding, the warm bath, &c., she remained in the same state. I stated my conviction that nothing but an operation would relieve her, being satisfied all further interference was worse than useless, which was confirmed by two medical friends. She, however, expressed her firm opposition to the operation, and it was not until fourteen hours afterwards, when the symptoms had become much aggravated, that she consented.

I lost no time in proceeding to the operation by candle-light. I made an incision in the direction of the tumor, and exposed the sac, a little thickened. It was opened, and a small quantity of bloody serum escaped; the stricture was divided, and with some little difficulty the intestine (in a more favorable condition than I expected, from the length of time strangulated) returned into the abdomen, and in the course of three hours the bowels acted freely, and all appeared pretty well.

Oct. 26. Peritoneal inflammation has set in in its most unfavorable form; the pain is very great, the vomiting incessant, with great thirst, anxiety of countenance, &c. Leeches were applied, with calomel and opium every three hours.

27. In the morning the symptoms appeared a little relieved, but returned with greater severity in the afternoon. Leeches were again applied, and the calomel and opium continued. The stomach rejects everything.

28. Leeches were applied morning and afternoon, with hot fomentations, as she seemed much worse in every way; great anxiety of countenance; continues vomiting, and pain.

29. Symptoms not at all relieved, but great exhaustion has taken place, and, fearing further depletion by leeches, I ordered a large blister over the abdomen. This had a decidedly beneficial effect. After the blister had risen her symptoms began gradually to improve; the pain was not so great, the sickness abated, and the stomach for the first time retained a little gruel; previously everything had been rejected the moment swallowed.

30. Better in every way; a little broth given, which the stomach retained.

31. Still improving; there is no unfavorable appearance about the wound, nor has there been from the first. From this time until November 8 she kept gradually improving, and was so much better as to come down stairs.

Nov. 12. She is now quite recovered.

POSITION IN FRACTURES OF FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—After having read Mr. Rodick's letter on this subject, in No. 163 of your Journal, I referred to the "Medical Gazette" for 1832, and there found four letters on the same subject, two of them by Mr. Lonsdale, and two by Mr. Rodick. Mr. Lonsdale recommended the same position that I have been advocating, and for the same reasons that I adduced. Mr. Rodick's letters were to the same purport as the one he addressed to you, and in the last of them he used the same arguments as in that letter, and in the same words. Now, as Mr. Lonsdale did not answer this last letter, and as it has been again brought forward, I cannot let it pass unnoticed a second time.

Mr. Rodick says, "he is quite at a loss to imagine" why, after the radius has been broken, the biceps should supinate its upper portion. Let me ask him why it is that, in oblique fractures of the thigh-bone, we cannot prevent shortening of the limb, except by means of permanent extension? Can Mr. Rodick prevent this shortening by "requesting the patient not to make any muscular effort on his part?" The practical man does not say, Why is this? but, Is this so?

Again, a muscle is not always passive when it has been relaxed. What does Mr. Rodick think of the following case from "Cooper's Dictionary," p. 538? "I had a strong athletic bricklayer, with an exceedingly oblique, almost a longitudinal, fracture of the leg, and, notwithstanding the aid of Mc Intyre's apparatus, and the trial of the bent position, the projection of the upper fragment could not be prevented. The straight posture was then resorted to; but this caused the displacement to be still greater. The bent posture, as advised by Pott, with the limb laid on its outside, was then tried, but in vain; and we were obliged ultimately to return to the bent position on Mc Intyre's apparatus, as the most effective."

I have seen Mr. Syme treat cases of this sort most effectively in the straight posture, with a cushion and splint in front of the leg, similar to what Dupuytren used to the inside of the leg in cases of fracture of the lower end of the fibula; thus resisting, instead of relaxing, the muscles of the calf.

Then, in regard to fractures below the insertion of the *pronator radii teres*—it does not seem here to be a question of comparative strength between the two muscles. The inferior radio-ulnar articulation alters the action both of the pronators and supinators. I tried to explain in my last letter that, after fracture, the biceps turns the *whole* of the upper portion of the bone on its own axis; and I need not now explain that the pronator also in the same case acts differently.

Mr. Rodick next supposes what seems to me an almost impossible case, and one in which the hand must remain permanently fixed in some posture; and argues that because he thinks it best in such a case, to have the hand fixed in the middle posture, that that posture is best in all cases. That such cases are very rare, we have the testimony of Mr. Phillips, who says that, in museums, we very rarely see a specimen of union between the two bones. Yet experience and reflection teach us that the very inconvenience of such a case is partially produced in all cases of fractured radius by this middle posture which he would have us to adopt.

Mr. Rodick tells us that he has never tried the supine posture; but another gentleman, Mr. O'Connor, tells us in your last Number that he has tried both postures, and declares in favor of the supine one.

I am, Gentlemen,

Your most obedient servant,

John Chadwick.

Bury, Lancashire, Nov. 20, 1843.

Much has been said respecting the proneness of both ovaries to be diseased. I have carefully examined the records of twenty-nine cases of true dropsical ovaria, and found that there were but two in which the opposite ovary presented a *decidedly* abnormal character.—*Mr. Southam.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, DECEMBER 2, 1843.

The great question respecting the future constitution of the medical profession has been allowed, it would seem, by general consent, to slumber for some weeks past. Little expression of opinion has been elicited, either from the press or from individuals, on the *avant courier* of the measures hereafter to be proposed for adoption by the legislature; and for any apparent interest taken in the step which has been already made, or in those more important ones which are to follow, we may look in vain. With the exception of the remarks which we felt ourselves called upon to make on the new charter of the College of Surgeons, the attention which that document has hitherto attracted is absolutely less than what is called forth by any of the nine days' wonders which from time to time exercise the conversational powers of our novelty-seeking and novelty-loving generation.

Various causes conspire to produce this indifference, and none more, perhaps, than the entire want of present practical advantage which characterises the new measure. The great body of the members of the medical profession are immersed in the pursuit of studies and employments which, in their tendency, are eminently useful to the general community, and they are, by education and habit, alike disposed to disregard what does not exhibit a similar bearing on the public good. That the new charter has this grand defect running throughout its every provision, as respects the provincial, and consequently, therefore, the great mass of the profession, can scarcely be questioned. We have before observed, that it is an improvement on what has preceded it, for it not only admits of the extension of the privileged class beyond the select clique who formerly appropriated to themselves and their successors, in their self-elected body, every office of honor and emolument which lay within their grasp, but provides, through the future admission, by a far less exceptionable mode of appointment of new recruits to their number, the germs of a better order of things. Still, for all present purposes, the change is merely nominal. The council, or governing body, is still constituted in a system of exclusion, and though ultimately thrown open (with stringent restrictions, however, upon the eligibility of individuals) to the election of the new body of fellows, it must for years remain pretty much in effect the same as before. Hence, therefore, the charter is looked upon with disappointment by those who had been sanguine enough to expect in its provisions the recognition of a great principle; with indifference by the great body, while none would seem to think it worth while to give that attention to its details which a full examination of them, in all their bearings, would require.

We are well aware that the protracted struggle which the advocates of a reform in our medical institutions have gone through, with little apparent encouragement to persevere, may have generated indifference in some, hopelessness in others, and weariness or disgust in a third class. The battle, however, is yet to be fought; and we may rest assured that, though we gain not all we ask or seek, a strenuous and well-combined effort will yet obtain the recognition of those sound principles in the general measure for which we have all along been contending. To expect courtesy in officials is, probably, a visionary speculation, into which the members of our profession may have been led by their own innate feelings as gentlemen; but sound principle, supported by close reasoning, and, above all, backed by that influence which we have all of us more or less in our power to exercise, must have its voice when the time for the ultimate settlement of the question shall arrive.

The object at which we should now aim—and we call upon the members of the Provincial Association and its branches, both in their collective and individual capacity, to aid, to the utmost of their power, in the attainment of it—is to impress on individual members of the House of Commons the vast importance to the community of the subject which is to engage their attention during the ensuing session; to enlighten them somewhat on the history of the medical profession, and the mischiefs which have heretofore resulted from the want of the recognition of some sound and general principles on which legislation for the public in medical affairs should be conducted, and to point out to them the partial, imperfect, and clashing powers and interests which have been the fruitful causes of jealousies, contentions, and ultimately of inefficiency for the public good, in the various bodies to which the licensing and regulation of the several grades of medical practitioners have been committed.

Having done this, and shown how the public service must have suffered from the introduction of a number of persons variously qualified in medicine, surgery, pharmacy, midwifery, &c.—some professing to be equally qualified in every department, others making it their boast to understand only one, and even disclaiming all knowledge of the others, where yet the principles on which a correct knowledge of all or any can alone be based on the same—it will then be right to urge, not only the public injury, but the private injustice suffered under the present state. The restrictions on the practice of some, and the exclusion from honors and privileges variously felt by the greater number of those who are essentially the medical advisers of the community at large, the accumulation of these privileges on the few who

moreover, have the whole, or nearly the whole, of these concerns at their own uncontrolled disposal, and at the same time the entire want of protection for the educated and licensed practitioner from the arts and encroachments of the charlatan and unqualified pretender to the manifest injury of the public, should be commented on.

From these and other like considerations, the transition to the remedial measures necessary at the present junction to be adopted is direct and easy. Unless the abuses are pointed out and clearly established, it is too much to expect attention; unless the widely-extended and injurious effects of these abuses on the interests of the public are rendered evident, the subject will be thrown aside as inferior in importance to others which more pressingly call for the time and consideration required to devise suitable remedies. But when these points have been duly enforced, in order to save time and to supply materials for consideration, the principles on which the future superstructure should be based ought to be clearly laid down.

These principles flow naturally from a consideration of the evils felt under the partial and imperfect system of legislation in medical affairs up to this time adopted. The injury done to the public by practitioners not duly qualified must be met by regulations calculated to provide for the attainment of such qualifications as may be necessary; and, as the great mass of the medical advisers of the people at large will ever be required to practise all branches of medicine, it is obvious that a sufficient education should be given to, and a primary qualification to the same extent required from, all who enter into the profession, before receiving a license to practise any of its branches. But this qualification having been attained, and duly tested, and certified by sufficient examination, the right to practise, and protection in the exercise of that right, should extend throughout every part of her Majesty's dominions. The amount of qualification which enables a man to practise, with advantage, medicine, surgery, and midwifery in London, will enable him also to practise in Edinburgh, Dublin, or elsewhere.

The necessity for both these provisions, therefore, should be contended for, and then the right in every member of the profession so qualified, in accordance with the free institutions of the country, to a voice in the management of his own concerns, may be enforced. The primary qualification is the same; the license is the same in extent and privilege to all; all are equally capable, as far as education and qualification can make them; and all, therefore, in virtue of that license and qualification, should possess the same privileges. If higher qualifications are sought and higher degrees granted, and the possessors of such qualifications and degrees are incorporated together and invested with special privileges and rights by means of charters, let it be so. But the special chartered rights and privileges should contain nothing opposed to the principles of any more general measure, nor interfere with the rights and privileges of the general body.

Now, one of these rights—the most sacred, because in accordance with those possessed by the general community and with the general institutions of the country—is the right of representative government. The new charter of the College of Surgeons excludes practitioners of midwifery and pharmacy from its council, although the practitioners in question are qualified and licensed surgeons, and may possibly be fellows. Possibly the charter of the College of Physicians which is to be, may have a similar provision. Now, granting that there were no objections to this exclusive provision in reference to the two bodies in question, the exclusion in reference to a third body, consisting of all those who are possessed of the primary qualification only, from all share in the representative management of their own concerns, would be manifestly a direct violation of the principles which are recognised in all our institutions. Whether this body is constituted a separate incorporation,—is intended to form a part of the other two,—or is to be united with them both for the purposes of general protection and government, its members ought by their representatives to be invested with a share in the management of the concerns of that individual corporation or united body of which they form a part.

Such are the principles which, as it appears to us, the members of the medical profession ought now to lose no time in impressing on their representatives in Parliament, and which, when Parliament meets, they ought to be prepared to support by petition and in every way which lies in their power. This question and another—medical relief under the poor-law—also deeply implicating the interests and well-being of a large number of medical practitioners, will probably be decided during the ensuing session; every effort should now be made to place both on a just and equitable basis, securing to the public the greatest amount of practicable benefit, and to the medical profession that consideration for their services which they are so justly entitled to, and the enjoyment of those rights and privileges in the exercise of their duties to which they have every claim.

MR. STORRS ON PUERPERAL FEVER.

It is quite superfluous to direct the attention of our readers to that very important communication from Mr. Storrs, which occupies the first place in our present Number. The practical value of the facts which Mr. Storrs has adduced, can scarcely be estimated too highly. He shows, beyond all question, that medical

practitioners, notwithstanding the most conscientious anxiety and rigid precaution, must often have been instrumental in conveying a fatal disease to their patients, simply because they did suspect its real source. No one, however, who reads Mr. Storrs's paper will fail to be on his guard for the future. Considering the utter imbecility of all remedies, prevention should be the main object; and we doubt not but that the facts brought forwards by Mr. Storrs will often be the means of averting a disease which is no less disastrous to the practitioner than to the families of its unhappy victims.

REVIEWS.

Principles of Forensic Medicine. By WILLIAM A. GUY, M.B., Cantab., Professor of Medicine, King's College, London; Physician to King's College Hospital, &c. &c. London: Renshaw, 1843. Part II.

We will not occupy the time of our readers by reiterating the hearty commendations which we bestowed on Dr. Guy's work when the first part appeared.* Whether considered as a faithful summary of facts previously ascertained by others, or as a record of the author's individual experience and researches, it is equally adapted to supply the existing wants of the profession. Dr. Guy has been as successful in condensing facts into small compass, as he has been in forming clear judgments on medico-legal difficulties. Whether considered as a monument of industry or as the work of intellect, his book will take high rank in medical literature.

If we wished to illustrate his industry in collecting all the known facts on a given subject, and the admirable clearness and concinnity with which he has arranged them, we might refer to a section which attracts our attention on first opening the volume, and which contains his classification of *feigned diseases*, and his rules for their detection. He divides them into—1, diseases obvious to the senses of the medical examiner; 2, simple diseases or defects, not obvious to the senses, but depending on the description of the impostor; and 3, diseases of a more complicated nature, consisting of groups of symptoms.

Under the first division he treats first of feigned diseases, involving the *increased or diminished size of parts.*

"This head includes *tumors* of various kinds. A favorite mode of producing tumors is the injection of air beneath the cellular membrane. It has been injected beneath the skin of the abdomen, to imitate *ascites;* into that of the scrotum, to imitate hydrocele and hernia; under the scalp, to give the appearance of *hydrocephalus;* into various parts of the limbs, with the assistance of ligatures, to imitate local swellings. This mode of imposition may be detected by the touch, and by uncovering the tumor, and searching for the aperture through which the air has been introduced, which aperture is generally found closed by a small piece of plaster. Pressure is another way by which tumors are produced. Swellings on various parts of the limbs, *anasarca, varicose veins,* and an appearance resembling *elephantiasis,* have been produced by ligatures, and *œdema* of the upper extremity, by hanging the limb over the back of a chair previous to the medical visits. In such cases search must be made for the marks of the pressure which has been made. *Tympanitis* has been imitated by swallowing air, or by taking large quantities of chalk and vinegar. In such cases a solution of Glauber's salts, with weak tobacco-water, has proved very efficacious in the hands of Dr. O'Hara. The appearance of an abdominal tumor has been also produced by forcibly elevating the spine at the loins whilst lying on the back. Tumors in different situations have been imitated by the use of substances extraneous to the body, as *polypus of the nose,* by means of the testis of a cock, or the kidneys of a rabbit, retained in the nostril, and sometimes impregnated with fœtid juices. Strong sternutatories will assist us in unmasking these cases. *Prolapsus ani* has been imitated by the gut of an ox or of a sheep, or by the everted anal extremity of the bowel of a colt or hog. In one case mentioned by Percy and Laurent, prolapsus ani was actually produced by introducing into the anus the bladder of a sheep, distending it with air, and forcibly retracting it. *Prolapsus uteri* has been imitated by similar means; *hydatids* of the uterus by vesicles prepared from the intestines of a pig; *malignant tumors* by a sponge soaked in various coloring matters; and *hæmorrhoids* by the bladders of rats, or from a fish partly introduced into the rectum. *Hernia* has been feigned by the injection of air, by the forcible retraction of the testicles towards the rings, and in one case the sac was imitated by the bladder of an ox. *Cancer* has been imitated by a cow's spleen, and by a sponge moistened with milk, and fixed under the arm-pit. *Swellings of the joints,* intended to represent white swellings, have been produced by various acrid plants, as the ranunculus acris and sceleratus, applied to the part. *Enlargement of the abdomen* in the female has been simulated by a pad. *Partial atrophy* may be produced by pressure.

"The frauds contained under this head require for their detection, a careful examination of the part itself by the eye and by the touch."—p. 189.

He next treats of pretended malformations, of wounds, ulcers, and superficial inflammations, and the modes in which they are simulated; of feigned discharges, spasmodic affections, and other more complex diseases. In order to detect the reality of epileptic seizures, he recommends,

"As free from the objections to which sharp pointed instruments are open, flecking the feet with a wet towel. He is in the habit of employing this with advantage in cases of poisoning by opium, and has by its means roused a patient from mesmeric slumber when electricity, mechanical stimulants, and cold affusions had failed. Though he has not tried it in a case

* See the Provincial Journal for September 9, 1843.

of epilepsy appeared to be feigned, he believes that it would infallibly succeed."—p. 194.

The rules given for the detection of these disorders are clear and judicious. First inquire for causes;—desire of gain, or of sympathy—then the previous history—make a careful examination and inspection—try to take the patient by surprise—detect inconsistencies in his statement, and its variation from what is generally known of the course of the assumed disease—put no leading questions—let the patient be well watched—see whether he is willing to submit to the measures prescribed for his relief—and, lastly, observe great caution in the treatment of suspicious cases.

"As a general rule, no measures ought to be adopted which would not be justifiable if the disease were real."—p. 203.

The last caution cannot be too strongly urged on the plea of humanity. Better let the guilty escape detection and triumph in their fraud, than submit one unhappy patient to cruel experiments undeserved. We well recollect a most painful case of the kind, occurring in private practice. A self-willed, perverse child, aged twelve, unhealthy from her cradle, and indulged in every whim, till obstinacy and passion were become an habitual disease—had long been confined to the sofa for an anomalous nervous affection, with palsy, and contractions of the limbs. But the capriciousness of the symptoms, and the patient's mental peculiarities, deceived two of the most eminent London practitioners, whose opinion was taken in consultation. They pronounced the case to be a compound of hysteria and bad temper, and recommended that she should be compelled mildly to use her limbs. Soon afterwards she died, and some of the cervical vertebræ were found in a state of scrofulous caries.

We willingly pass from the consideration of these forms of human fraud and folly, to a much more important subject, that of *unsoundness of mind*—a subject which must often perplex alike the understanding and the conscience of the medical witness.

The first difficulty which our author grapples with is that which arises from the confusion of terms—the employment of one term in different or opposite senses—the attachment of conflicting and incompatible meanings to one term—and the want of comprehensiveness and precision in legal definitions.

Dr. Guy's arrangement and nomenclature may be seen at a glance from the following sketch:—

Taking *unsoundness of mind* as the parent term, he derives from it two families of affections—one arising from defective development or diminished activity or the faculties, the other from undue excitement.

The first he divides into *amentia*, or that which is congenital, or occurs during childhood (including idiocy, cretinism, and imbecility); and *dementia*, or that which occurs subsequently to the development of the faculties; the varieties of dementia being, first, that consequent on mania, mental shocks, and injuries of the brain; and, secondly, the senile.

The forms of mental unsoundness arising from undue excitement he calls *mania*, and divides them into *general*, *intellectual*, and *moral*. So much fo Dr. Guy's arrangement, which has the merit of unostentatious utility.

We find, in the next place, two very important sections—one treating of certain unusual conditions of the mind, not usually included under the term mental unsoundness, such as spectral illusions, dreaming, and somnambulism; the other of delirium, delirium tremens, and drunkenness, with their medico-legal relations.

The relations of dreaming and spectral illusions to insanity are well exemplified by reference to the most painfully affecting and remarkable autobiography of Mr. Percival.

"Spectral illusions," says Dr. Guy, "are common to men of unsound mind, the difference being, that the former do not believe in their reality, the latter do. The sane man corrects these false impressions by the use of the other senses, or by some effort of comparison, while the man of unsound mind neglects these simple means of undeceiving himself, or cannot use them; or, if he is led to entertain any doubt, he dispels it by the help of his delusion. Thus, the author of the auto-biography, whose unsoundness of mind took a strong religious turn, thought it impious to doubt.

" 'I imagined,' he says, 'I was really present to *them* (the illusions), and that my not acknowledging it was a delusion—an obstinate resistance of the divine will on my part. That of the two, the appearance of the bed, walls, and furniture, was false—not my preternatural impressions.' "—p. 212.

"The strong analogy," says Dr. Guy, "existing between the phenomena of dreaming and those of certain forms of unsound mind, is shown in almost every page of the auto-biography already quoted. Thus, the cold air blowing upon him, as he is attempting to suffocate himself, in obedience to the spirits which speak within him, becomes the breath of the spirits of his sisters breathing on him to cool him, and encouraging him to go through with his task. The familiar sensation of water trickling down the back is at once converted into the crystal tears of his father, whose venerable countenance he sees bending over him. At the commencement of his illness his head was shaved, and he says, 'My chief grief at that time was, that I had received the tonsure of the Roman Catholic priesthood—a mark of the beast.' The jets of gas from the fire-place became the utterance of his father's spirit, which was continually within him, attempting to save him, and continually obliged to return to be purified in hell-fire, in consequence of the contamination it received from his foul thoughts. The lowing of the cattle conveyed to him articulate sounds and sentences, and the grating of

he chair against the wall spoke to him in his father's voice. It is impossible not to recognise the marked analogy between this form of unsoundness and dreams.

"The difference between dreaming and insanity is, that in the one the senses are closed to outward objects; in the other the evidence of sense is disregarded, or the senses merely serve to suggest trains of wild and fanciful association. In dreaming, as soon as the person is roused from sleep, and the external world is again brought before him, all his delusions vanish. But the madman is in a waking dream, from which he is not to be roused, and the external world is to him as if it existed not; or, if it mix itself up with his morbid fancies, it is to become strangely perverted and misinterpreted by the help of his prevailing delusion."—p. 218.

Our space does not permit us to follow Dr. Guy in his masterly delineation of those forms of unsoundness of mind which are characterised by defective development or diminished exercise of the faculties. His description of intellectual and of moral imbecility will recal living examples to the recollection of every one. When he depicts those "weak, soft, easy, good-natured, well-meaning, good sort of people," who "are too easy to be just, too thoughtless to be honest," who never have the courage to say *no*—every man's acquaintance seems to furnish him with some one who may have furnished the likeness.

Dr. Guy's remarks on the plea of insanity in criminal cases are so apposite, that we are greatly tempted to take another opportunity shortly of briefly reverting to the subject.

RETROSPECT
OF THE
MEDICAL SCIENCES.

EXTRAORDINARY CASE, IN WHICH THE ARM WAS TORN OFF AT THE SHOULDER JOINT BY MACHINERY. BY JAMES S. COOPER, M.D., OF BRITISH GUIANA, SOUTH AMERICA.

I was called to a neighbouring plantation to see Daniel, aged about seven years, son of one of the laborers. On arriving, I found a case of a very serious nature. The boy, while playing about the sugar-mill of the estate, had been caught in some of the machinery, and his left arm was torn off, bringing with it about two-thirds of the scapula. The deltoid muscle was carried away entire, and the trapezius was torn from its attachment to the clavicle, the naked end of which bone was protruding through the wound. Notwithstanding the very large amount of surface exposed, there was not the slightest hæmorrhage, although reaction had fairly taken place.

With the assistance of Dr. Walker, the medical attendant of the estate, I proceeded to dissect out the remainder of the scapula (the inferior and posterior portion). A little bleeding ensued from the scapular arteries, but it soon ceased on pressure being made. Then, with a small saw, I removed the external third of the clavicle. As there was no necessity for tying a single vessel during the whole operation, the wound was now closed with sutures and adhesive straps; and the dressing was finished by applying a compress and roller around the body. The patient bore the operation well, and soon after fell asleep.

Dec. 16. Considerable febrile action; pulse 120; tongue furred; wound rather painful. Ordered a slight purgative, and left him.

20. Everything has gone on well up to this day; the wound was dressed; about half of it had united by the first intention, and the remainder is suppurating kindly; there is no fever, and the patient is every way comfortable, sitting up in bed, he having taken a full meal. The sutures were removed; and from this time onward he recovered rapidly.—*New York Journal of Medicine* for Sept., 1843.

M. DE RUOLTZ ON THE IMPORTANCE OF SUBSTITUTING ANTIMONY FOR LEAD IN VARIOUS MANUFACTURES.

M. de Ruoltz read a paper on this subject before the Academie des Sciences on November 13. We take the following summary from the "Gazette Médicale" of November 18:—

The number of persons attacked with diseases arising from the effects of lead, admitted during eight years at the Hospice de la Charité, was 1,063. Out of this number, the workmen employed in the manufacture of white lead equalled 406, and the painters 385.

In the year 1841, the department of the Seine alone furnished 302 patients, of whom 69 were painters, and 233 white lead-makers; of this number 12 died, and 1 became mad.

Out of the 233 white lead-makers, the manufactory of Clichy furnished 161; and out of the 12 deaths, 7 were from this establishment, which is the only one which employs, on a large scale, a particular mode of manufacturing the lead.

None of the hopes which had been founded on the employment of particular ways of manufacturing white lead have been realised by experience on a large scale. The dangers are, then, inherent to the employment of white lead; and we believe that the only way of preserving this class of workmen, the number of whom, in Paris only, is 8,000, is to substitute some non-saturnine combination for white lead.

The researches of M. de Ruoltz point to the white oxyde of antimony as an efficient substitute. It has all the essential qualities of white lead; it can be obtained directly from the native sulphuret of antimony. Its adoption would give a new impetus to the languishing condition of the mines of antimony which abound in France. Its price is less by one-third than that of the very best white lead. It can be immediately mixed with oil without any other manipulation. The workmen who confine themselves to this manufacture are exempt from all danger; and the painters can employ it, mixed with oil, without the slightest inconvenience.

CURE OF SCIATICA BY MEANS OF BLISTERS APPLIED TO THE HEEL. BY M. FIORAVANTE.

M. Fioravante, hearing frequently of the successful cures of sciatica wrought by a woman of Cassano, by means of irritating applications to the heels, endeavoured to attain the same effects by employing preparations of cantharides; but his first attempt failed, on account of the thickness of the epidermis on the heel, which lessened, or even altogether prevented,

the action of the vesicant. He then thought of cutting away the epidermis with the bistoury, having first softened it by the application of an emollient poultice. By cutting away layer after layer, until he arrived at the quick, he obtained a surface, on which the blister of cantharides produced its ordinary effects. In chronic affections it was necessary to keep up the suppuration of the blistered surface for some time.

The author mentions twelve cases of rapid cure obtained by this simple process. A circumstance that vouches for his veracity is, that he abstained from practising these experiments on persons affected with chronic or with very recent sciatica; in the former cases, because all treatment might fail, on account of their obstinacy; in the latter, on the contrary, because ordinary medication effects in general an easy and prompt cure.—*Annali Universali di Med.*, and *Gaz. Méd.*, Nov., 1843.

A CASE OF PREGNANCY WHILE THE UTERUS WAS EXTERNAL TO THE ABDOMEN. BY M. PERFETTI.

A peasant girl, aged fifteen, after a violent effort, found a pain in the loins, which always increased after fatigue. Three years afterwards she perceived one day a round body, which projected from the labia pudendi, but repose and the horizontal position easily effected its reduction. She mentioned it to no one. She was married at twenty, and became pregnant two years afterwards. When she had reached the seventh month she felt great pain, on account of the pressure which the displaced uterus exercised on the neighbouring parts. The term of pregnancy having arrived, and the pains commencing, an ignorant midwife kept her for four days without employing any means for terminating her labor. M. Perfetti being at last called in, and seeing the uterus hanging out between the thighs, dilated the cervix uteri by means of two incisions of about sixteen lines long, one in the anterior lip, the other in the posterior. The accouchement and expulsion of the placenta were then accomplished without difficulty.

When the womb was emptied it was reduced. Then, inflammatory symptoms having disappeared under proper treatment, an elastic gum pessary was placed permanently in the vagina. For the last ten months she had no return of the prolapsus.—*Bulletin delle Scienze Mediche*, and *Gaz. Méd.*, Nov., 1843.

CANCER OF THE BREAST IN AN OLD WOMAN, WITH ENLARGEMENT OF THE GLANDS OF THE AXILLA—EXTIRPATION OF THE TUMOR—CICATRISATION—SPONTANEOUS RESOLUTION OF THE AXILLARY GLANDS. BY M. LISFRANC.

A woman, aged seventy-seven, was admitted into the Hopital de la Pitie, under the care of M. Lisfranc, for a cancerous tumor of the breast; it was of recent origin, having lasted only eighteen months. It occupied the whole of the mammary gland, and was accompanied by an enlargement of the lymphatic glands, which extended to the summit of the axilla; the pains in the breast radiated to this last region. Notwithstanding the existence of these two unfavorable circumstances, which generally contraindicate an operation, and notwithstanding the age of the patient, which might of itself be considered as a contraindication, M. Lisfranc determined to operate upon her, and his determination was followed with ample success.

The following are the grounds on which he formed his decision:—If the cancer, says he, had been chronic, as the cancers of old people generally are, I would not have touched it, because I know that these cancers are liable to return, and that they generally do so. But in this woman, old as she is, the cancer is of recent origin; it is acute; and every one knows that acute cancers, if removed in time, and with proper care, often afford a radical cure, and there is no fear, or, at least, not so much, as in other cases, of their reappearing (?) On the other hand, the glands were enlarged even to the summit of the axilla, and I am aware that this circumstance demands all circumspection. To remove all the enlarged glands with the tumor would be almost impracticable; the incisions must be prolonged to the summit of the axilla, and a great extent of surface be exposed. I determined, therefore, to remove only the tumor of the breast, and to leave the glands, hoping that they would resolve spontaneously. I knew that there were many cases on record of spontaneous resolution of the axillary glands following the extirpation of cancer of the breast; Desault and Sœmmering report several cases. This hope was not disappointed. A few days only had elapsed after the operation when the enlarged glands began sensibly to diminish in size. At the end of a month they were entirely gone. It is now two months since the operation; there remain no traces of them, and the wound has entirely cicatrised.

The practice in the preceding case is, of course, an exceptional one, and only to be adopted under particular circumstances. The rule is to remove the whole of the disease, if possible; but, when the extirpation of all the diseased glands is impracticable, we ought to assure ourselves of their actual state before coming to a determination. If the glands are not excessively indurated—if they are not tuberous or unequal—in a word, if they only appear enlarged, but not degenerated, we may let them alone and wait the result, as it is not a rare thing for enlargements under such circumstances to be dissipated spontaneously, especially if we assist their resolution by therapeutic measures.

I have often found, on making an anatomical examination of cancers—that the glands situated nearest to the cancer were infiltrated with carcinomatous matter—that the others, in proportion to their distance from the principal seat of the disease, were less and less affected—and, lastly, that those high up in the axilla were merely enlarged, and not cancerous at all. This pathological fact supports the clinical facts I have cited above.

But in those cases, on the contrary, where there is no doubt of the cancerous degeneration of the glands, we have no choice. Either the whole of the diseased part must be removed, or the operation must be given up, as it would only cause useless pain. As for pains in the axillary glands, too much importance must not be attributed to that symptom, for they are often nothing more than a simple radiation of pains from the breast, and do not indicate with certainty that the glands of the axilla are degenerated. The woman in question affords evidence in support of this, for she experienced sharp pains, extending to the axilla, before the operation; but, although the axillary glands were allowed to remain, these pains en-

tirely ceased as soon as the cancerous mass had been removed from the breast.—*Gaz. des Hop.*

NEW ANIMALCULE IN THE BLOOD — TRYPANOSOMA SANGUINIS.

M. Gruby has addressed to the Academy of Sciences some observations on a new species of hæmatozoon, which he calls *trypanosoma sanguinis*. He found it in the blood of live adult frogs during the months of spring and summer. Its body is long and flattened, transparent, and turned spirally, like a gimblet. Its head terminates in thin, long filaments; its tail also ends in pointed filaments. The length of the animal is from ·04 to ·08 of a millimetre; its breadth from ·005 to ·01. Its head, which is filamentous and pointed, is endowed with very great mobility; the creature can elongate itself, turn to the right, to the left, or in all directions, with most remarkable rapidity, with the assistance of its head. The animal seizes and rejects, at its pleasure, the globules of blood on all sides. This cephalic part serves as a hook under certain circumstances. One can count four movements on its own axis per second, and 14,400 per hour.—*L'Expérience*, Nov. 18.

OBSERVATIONS ON BLUE MILK.

M. Bailleul, physician at Bolbec, read a paper at the Académie des Sciences, Nov. 13, on a particular alteration in milk, known under the name of *lait bleu* which, from time immemorial, has occasioned enormous losses to the farmers of the *arrondissemens* of Havre and Yvetot. This change takes place only at the moment of the transformation of the milk into cream. The milk is covered with blue patches, which render it disgusting, and cause decomposition. M. Lesage, chemist of Bolbec, who made many researches on this subject, but who is since dead, thought that ammonia was probably the determining cause of the blueness of the milk, for Liebig attributes the blue color of certain vegetables to this substance. As to M. Bailleul, he thinks that, without denying the properties which ammonia may have, organic chemistry and the microscope are necessary to solve the difficulty satisfactorily. It is important, says he, to observe that the *blue milk* does not differ from ordinary milk when it comes from the udder. Its taste is the same, and in appearance it presents to the naked eye none of that alteration which it does soon afterwards.

It resulted from some of the experiments which M. Bailleul instituted for the sake of finding out the origin and nature of this alteration, and the means of preventing it, that acetic acid hastens the blue formation, and that it is the same with alcohol; that sugar and salt seem to prevent it. These experiments afford some slight indication of what ought to be done to remedy the evil. M. Bailleul thinks that the addition of a certain quantity of salt to the food of the cows would answer the purpose; it remains to determine in what proportions this substance ought to be used.—*Gaz. Méd.*

INOCULATION OF HYDROPHOBIA.

A dog which died of rabies, licked the hands of his mistress some days before his illness. She, sometime after, experienced all the symptoms of hydrophobia. In examining carefully the way in which she could have received the virus, M. Bérigny perceived on the back of the fingers and immediately behind the root of the nails, some small fissures or cracks proceeding from the splitting up of the laminæ of the epidermis, known under the name of *envies*. These small channels were sufficient to give passage to the hydrophobic virus.—*Gaz. des Hop.*, Nov. 9.

ON THE USE OF LARGE DOSES OF TARTAR EMETIC IN DELIRIUM TREMENS.

The following cases, illustrative of the treatment of delirium tremens by large doses of tartar emetic, will be interesting to our readers. They were published originally in the "Bulletin Médicale de Bourdeaux," by M. Hérigoyen, of the Hôpital Saint Andrè, and we quote them from the "Journal de Med. et de Chir. Pratiques" for November, 1843.

Case I.—A shoemaker, aged thirty-three, was admitted on the 3rd of November, under the care of M. Rey, for a wound which had penetrated the abdomen, causing protrusion of the intestines. The protruding organs were replaced, and the edges of the wound were drawn together by four points of suture; compression by means of a spica bandage, completed the dressing. On the 6th the threads were cut, and on the 11th the patient was going on most satisfactorily, when in the evening he received some food and wine, which tempted him to break the rigid diet to which he had been submitted. On the 12th he presented all the symptoms of delirium tremens in an alarming degree.

M. Rey prescribed 60 centigrammes of tartar emetic in 150 grammes of some vehicle; a spoonful to be taken every hour. In the evening the loquacity, the aberration of ideas, and the flushing of the face, were succeeded by a profound prostration. The same draught was again prescribed on the morrow; the pulse fell to 49, and remained at that point two or three days. On the 18th of December the patient left the hospital perfectly cured.

Case II.—The subject of the second case, reported by M. Hérigoyen, was a determined tippler, who fractured his leg in a fall during a period of drunkenness. The fracture was easily reduced, and bound up in one of Scultetus's bandages, moderately tight.

He was bled from the arm to 360 grammes, and took a draught of 45 grammes of syrup of the acetate of morphine.

The next day characteristic signs of nervous delirium appeared. The patient would get up and tear off the bandages; he was fastened to the bed, and a draught of tartar emetic, the same as in the preceding case, was administered, a spoonful every hour. In the evening the loquacity and disordered movements had ceased, but there was still aberration of ideas. The draught was repeated the next day. All trace of delirium had disappeared at the next visit.

Case III.—The third case, related by M. Hérigoyen, is no less conclusive than the two preceding ones; it offers even more interest, inasmuch as the comparative effects of laudanum and tartar emetic were tried on this patient.

N., a coachman, aged twenty-eight, was admitted into the hospital on account of contusions produced by a fall. Two days after his admission he presented the symptoms of nervous delirium. M. Hérigoyen, perceiving his state, immediately prescribed a lavement with 20 drops of the laudanum of Sydenham. The day after he continued the same; the lavement

had not been retained. He then prescribed a new lavement with 15 drops of the laudanum of Rousseau. In the evening the delirium was furious; the patient screamed, and would get up; he was obliged to be confined to the bed. M. Hérigoyen now prescribed the draught of tartar emetic. This was on the 25th of May; on the 26th there was weakness; the pulse depressed; the loquacity had ceased; he suspended the draught. In the evening the patient again wandered. A second draught of tartar emetic. On the 27th another draught; the dose of tartar emetic reduced to only 40 centigrammes. On the 28th it was entirely suspended, but in the evening a dose of 60 centigrammes was taken, a little incoherency having taken place at intervals during the day. On the 30th the delirium had completely disappeared; the pulse weak and languid; tongue natural; extreme weakness; epigastrium painless. The succeeding days the patient took some nourishment, and left perfectly cured on June 17.

M. Hérigoyen notices the struggle which, in this last case, seems to have been established between the disease and the remedy, whence it results that, in certain circumstances, a definite cure cannot be obtained unless the patient is thoroughly saturated with the medicine. It is right to add, that at least this saturation produces no inconvenience; in short, that the harmlessness of the medicine, joined with its advantages, is an encouragement for its application in all cases where laudanum does not succeed.

THERAPEUTIC PROPERTIES OF THE CHLORIDE OF SILVER. BY DR. G. C. PERRY, OF PHILADELPHIA.

The chloride of silver, which was formerly recommended by Poterius as an anthelmintic and hydragogue; by Hoffman, as an evacuant of phlegm in dropsy and melancholy; by Tachenius, as an excellent remedy, combined with the sulphuret of antimony, for mania, melancholy, and epilepsy; and, lastly, in modern times, by Professor Serres, for syphilis—has been employed in various cases by Dr. Perry. He declares that he has found it preferable to the nitrate of the same metal, inasmuch as its effects are more certain, its application easier, and it is less disposed to decompose, and free from any disagreeable taste.

The chloride of silver acts best in the form of pills; nevertheless, for young children, it can be prescribed in the form of powders, or suspended in some appropriate syrup.

The use of this salt inwardly is not attended with the risk of the green or brown discoloration of the skin, as with nitrate of silver.

Dr. Perry has prescribed the chloride for epilepsy, he has also given it in chronic dysentery; under its influence the number of stools and other symptoms have diminished; he has used it also in suppressed menstruation; and, lastly, in the secondary form of syphilis.—*American Med. Intelligencer* and *Gaz. des Hôp.*, Nov. 18.

EMPLOYMENT OF VERATRINE IN RHEUMATIC PARALYSIS. BY DR. KNAPP, OF BERLIN.

A young girl, aged nine, was affected, after a cold, by paralysis of the right arm. This malady had lasted four weeks, before she was admitted into the Hospital de la Charité, of Berlin. She said that, two years previously she had the same affection, which lasted two months.

The patient was of a strong constitution, and in other respects in a state of perfect health; the right shoulder was a little higher than the left; the movements of the arm were slow and without any force, so that she could not even carry her food to her mouth.

Warm baths and a blister to the shoulder were prescribed. After having kept up the suppuration of the blister for eight days without any change for the better in the arm, the wound was allowed to heal, and veratrine was directed to be applied morning and evening by frictions, twenty-five centigrammes of veratrine and thirty grammes of lard being made into an ointment. The frictions were continued for a quarter of an hour, and the quantity of ointment for each application was of the size of a bean. These frictions produced a sensation in the arm like the pricking of needles; indeed the first application was so painful that the girl cried.

After three weeks of this treatment the paralysis was cured, the arm completely recovered its motion, and the girl quitted the hospital perfectly cured.—*Rust's Mag. and Gaz. des Hop.*, Nov. 16.

TREATMENT OF PRURITUS VULVÆ. BY DR. PITSCHAFF, OF BADEN.

Dr. Pitschaff has treated that obstinate affection, pruritus pudendi, by lotions, with a solution of the borate of soda. He adds that, according to circumstances, the employment of the borate of soda internally could be combined with its external application.—*Hufeland's Journal* and *Gaz. des Hôp.*

QUEEN'S COLLEGE, BIRMINGHAM.

THE REV. DR. WARNEFORD'S MUNIFICENCE.

We are glad to find that the founders of this institution are proceeding vigorously in the right path. That exemplary and devoted servant of God, the Rev. Dr. Warneford, has forwarded the munificent donation of one thousand pounds towards the erection of the college apartments; but has made it on condition that the interest of the money shall be given annually in the form of four exhibitions, of ten pounds each, to four deserving students of the institution. The same pious benefactor has also expressed a wish to contribute towards the erection of a college chapel, since one great aim of the institution is to make the student a good Christian as well as an able practitioner. The Rev. J. Woolley has just been elected to the office of warden of the college. We learn that the students are to wear a collegiate cap and gown.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

Communications have been received from *Dr. H. Clark*, *Dr. Durrant*, and *Mr. Hawkins.*

*** Communications, journals, and books for review to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 167.] LONDON, SATURDAY, DECEMBER 9, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

EAST SUFFOLK AND IPSWICH HOSPITAL.

CASES WITH OBSERVATIONS,

BY

C. M. DURRANT, M.D.,

One of the Physicians to the Hospital.

RHEUMATIC AFFECTION OF HEART — TUBERCULOUS CAVITY IN RIGHT LUNG—DEATH—INSPECTION.

Elizabeth Scrivener, aged eleven, three years ago was the subject of acute pericarditis supervening on rheumatic fever; since which period she has been incapable of exertion, and suffered more or less from dyspnœa, palpitation, and dull pain in the region of the heart.

On application for relief, the prominent symptoms were—great debility and emaciation; no cough; bowels confined; urine diminished in quantity, depositing lithates; heart's impulse strongly increased, heaving and palpably raising the head of the observer; the pulse synchronous, and corresponding with it. The physical signs were—greatly extended dulness over the cardiac space; the sounds of the organ audible to the right of the sternum and beneath the clavicles; a distinct and persistent, though not loud, bruit de soufflet accompanying the second sound, most distinct over the sternum and heard as high as the right sterno-clavicular articulation; the apex of the heart visibly pulsated as low as the seventh rib; the respiratory murmur was healthy over the entire anterior chest, and as the patient was reported to have no cough the posterior aspect was unfortunately not examined.

The diagnosis formed was hypertrophy with dilatation of the entire heart, with disease of the aortic valves, permitting slight regurgitation.

Throughout the treatment, which was principally palliative, the patient, with the exception of increasing emaciation, remained nearly in the same state. A few days, however, before death, the legs and thighs became rapidly œdematous, and indistinct abdominal fluctuation was perceptible. She finally sank with very little suffering.

Inspection, Sixteen Hours after Death.

The entire body much emaciated; legs and thighs œdematous; abdomen much distended, partially tympanitic; the depending parts of the body deeply purple, from sanguineous gravitation. The two folds of the pericardium adhered closely throughout their whole extent; the auricles were slightly dilated; the parietes of both ventricles enormously hypertrophied, and their capacities increased; the columnæ carneæ enlarged and very prominent; the aortic semilunar valves were retracted, and bound down by adhesions, consequently insufficient; the tricuspid and mitral valves simple thickened. The aorta was vascular and somewhat dilated. The pleura costalis and pulmonalis of the left side were limited by cellular bands of not very recent origin, requiring some force to break them down; the lung of the same side was healthy. A cavity, the size of a filbert, was discovered in the posterior surface of the middle lobe of the right lung, containing softened tuberculous matter, and surrounded to the extent of an inch by grey and yellow matter of a similar character. This was the only spot in either lung in which any trace of tuberculous deposit existed. The apices of the lungs were carefully examined, but found healthy. The peritoneal cavity contained a considerable quantity of serum; the liver was large from venous congestion; the remaining abdominal viscera healthy.

REMARKS.

In the above case the history of the disease is well marked, and from the frequency of its occurrence is one from which a few practical deductions may, I think, be advantageously drawn. The patient enjoyed good health up to the period of the attack; she then, from the combined influence of cold and wet, became the subject of acute rheumatism, on which supervened pericardial inflammation; this appears to have been partially combated, but still the occasional dyspnœa, palpitation, and dull pain over the heart, proved too truly the slow but certain advance of chronic inflammatory disease. On her admission to the books of the hospital, the diagnosis then formed was fully verified by the subsequent examination. The increased and heaving impetus, together with the diffusion of the heart's sounds, and the extended dulness as elicited by percussion, proved the existence of hypertrophy and dilatation, while the persistent bruit with the second sound, chiefly audible at mid-sternum, and extending towards the neck, further demonstrated the site and nature of the valvular implication.

Of the existence of adherent pericardium, no diagnostic sign in this case presented itself; indeed I am not aware, farther than by tracing the disease from its commencement, that any direct general or physical sign can be adduced as confirmatory of this lesion. It has been remarked by some observers, that a certain undulation or dragging in of the intercostal spaces to the left of the ensiform cartilage, accompanies the heart's action in adherent pericardium; but on the presence or non-existence of this sign as a diagnostic auxiliary too much reliance must not, I think, be placed. Want of mobility in the heart itself, when, by change of position, such can be accurately ascertained to exist, becomes, perhaps, together with the history of the case, an indication of no ordinary importance.

Notwithstanding that the little patient as well as her mother had been repeatedly questioned as to the existence of cough, the answer was always in the negative; although it was admitted that, twelve months previously, cough had been present, with very slight frothy expectoration.

This fact, together with the perfectly healthy respiration obtaining over the entire front chest, induced the omission of an examination posteriorly.

The case offers a good example of that rare variety of phthisis, in which either the middle or lower lobes become tuberculous, and run through their course, the apices remaining unaffected, while at the same time it proves the importance of carefully examining in all instances of suspected phthisis, both aspects of the lungs.

With the exception of M. Bouillaud in Paris, the merit of investigating the frequent connexion subsisting between acute rheumatism and an inflammatory condition of the heart and its membranes, is mainly due to British physicians; but even at the present day, I feel persuaded, that from neglect of daily and careful stethoscopic exploration of the heart in *all* cases of acute rheumatism, more especially in young subjects, this disease becomes one of the most fruitful, at the same time unsuspected sources of that painful category of heart affection, which so constantly, both in private and hospital practice, presents itself with all its attendant ills to our notice.

It has been computed that one-half of the cases of rheumatic fever, admitted into the London hospitals, are found to have the heart or its membranes more or less implicated; and so frequent is this complication in Paris, that M. Bouillaud esteems its presence as the rule, the converse as the exception.

Dr. Watson, in his valuable lectures, observes that "the cardiac affection may easily be overlooked, both by the patient and the physician. The recovery may appear to be perfect. But after some time palpitation begins to be occasionally felt, and by degrees other symptoms marking disease of the heart declare themselves, but their origin is unsuspected or forgotten." I have already hinted at the increased vigilance called for in conducting a case of acute rheumatism, occurring in an individual under the age of puberty. Dr. Watson states that he has known only two persons pass through the disease with an untouched heart prior to that age; and even in these (occurring towards the close of scarlet-fever), he expresses a doubt as to whether the articular disease were "genuine rheumatism."

I have not kept a record of the cases of acute rheumatism, occurring below the age of puberty, which have fallen under my own observations, but I cannot call to mind a single instance in which the heart or its pericardial sac, but more frequently the internal lining membrane, were not more or less implicated.

Although pain in the region of the heart is a pretty constant symptom shortly after that organ becomes affected, yet, as an isolated phenomenon, it must be esteemed the most fallacious of any, since cases not unfrequently advance to an irremediable extent, that symptom being entirely absent.

The character of the pain when present varies considerably; in some cases it assumes the nature of a pleuritic stitch, aggravated by inspiration, while in others it is described as a deep-seated burning uneasiness.

In acute cases the pain is in general confined to the region of the heart; but if the attacks have been frequent, so as to have produced disorganisation of the textures, it not unfrequently is felt equally between the shoulders and down the left arm. If the pericardial inflammation be recent and acute, considerable pain is produced by firm pressure of the points of the fingers, between the intercostal spaces corresponding to the situation of the heart; this is often rendered more evident by simultaneous pressure upwards from the epigastrium. The pulse varies greatly; it is in general quick and jerking, but as the disease advances becomes weak and intermitting; and the heart's action, although sometimes tumultuous, as frequently remains entirely free from palpitation.

When fluid effusion has taken place into the pericardial sac, we have then marked distress depicted in the countenance, more or less cough and dyspnœa, with a rigid determination for the most part passively to remain in the supine position.

The occurrence of the preceding phenomena in the progress of a case of acute rheumatism, together with the usual symptoms of inflammatory fever, cannot fail to apprise us of the serious change that has taken place in our patient. But, on the other hand, these symptoms do not clearly point out the precise nature of the lesion which exists, inasmuch as the most formidable disorganisation may take place without the occurrence of any local symptom whatever. It is, then, on our physical resources that we must mainly rely; and in no disease, if carefully investigated, may we expect to obtain more definite or valuable results. And still further, to direct attention to the importance of repeated stethoscopic examination during the progress of rheumatic fever, I would briefly allude to the fact of the brain in some instances becoming functionally, though apparently primarily affected, and in many instances of which the attention has been altogether drawn away from the heart by the deceptive violence of the cerebral symptoms. In the majority of recorded cases that have terminated fatally, the brain and its membranes have been found intact, while the heart or pericardium have exhibited extensive disease. This circumstance has been ably noticed by Drs. Watson, Macleod, Latham, Andral, and others, and is a fact of the greatest moment in practice never to be lost sight of.

In the words of Dr. Watson, "Whenever in acute rheumatism you find your patient flighty, or wandering, or more distinctly delirious, examine carefully the condition of his *heart*."

For practical purposes, the physical phenomena induced by rheumatic inflammation of the heart or its covering will, I apprehend, be best considered in connection with the morbid changes to which their different structures are liable in this disease; and this arrangement may be farther simplified by limiting the sounds usually met with to two: the one a sound of friction or rubbing; the other that of blowing, of varied intensity. The former depends principally upon attrition between the two surfaces of the pericardium; the latter is chiefly attributable to alteration of structure in the lining membrane of the heart or its valves, and caused by the friction of the blood passing over and through the affected apertures.

The morbid appearances met with after death in rheumatic do not differ from those resulting from ordinary pericarditis, and, therefore, need not in the

present instance occupy attention, farther than by elucidating the auscultatory phenomena.

At the inflammatory or incipient stage of pericarditis, an educated ear may, with care, detect a dry, gentle, rustling sound, superficial, occasionally absent, and again recurring perhaps with increased intensity. The rhythm of the heart may as yet remain unaffected, or more generally from a congested state of that viscus it becomes frequent and abrupt. Percussion does not yield a marked alteration.

This incipient pericarditis, if not checked, rapidly passes to the stage of effusion of lymph, and the formation of false membranes. The gentle rustle then becomes a direct and often harsh friction sound, implying, according to its intensity, that the pseudo-membranes are thick, rough, and uneven. It is usually of greatest intensity in the vicinity of the nipple, and, if the heart's action be not very tumultuous, will generally be found most distinct during the systole, and when the patient is erect or leans forward. The variations of the attrition sound into those resembling that produced by the creaking of new leather, rasping, &c., depend solely on the degree and firmness of the asperities deposited upon and between the opposing surfaces of the pericardium. At this stage, if the action of the heart be very strong, it is often accompanied by a vibratory tremor.

The period during with the sound of friction is audible is very limited, for either will the opposing surfaces of the pericardium become separated by liquid effusion, or they will undergo permanent adhesion. In either case, the friction being prevented, the sound, of course, will be no longer audible. Excepting in the rare instance of the pericardial sac being covered by an extensively emphysematous lung, the diagnosis at this stage will not in general be attended with difficulty. The impulse of the heart will now be neither seen nor felt, and, in proportion to the quantity of fluid contained in the cavity of the pericardium, will the intercostal digitations become levelled, and the precordial region be rendered prominent. The operation of percussion, which, if possible, should be practised both when the patient is in the lying and sitting posture, will now yield a dull sound, in extent varying, of course, with the amount of fluid. The signs of friction, together with the impulse of the heart, have now ceased; and the sounds of that organ are transmitted feebly, perhaps irregularly, and from a distance. On the removal of the fluid, the phenomena of attrition become again audible, and finally cease, either by the absorption of the lymph as a result of treatment, or by the supervention of adhesion, with formation of false membranes between the two surfaces of the pericardium. The effusion consequent on pericarditis has been mistaken for that of pleuritis. By attention to the locality of the signs in the two diseases, this error cannot frequently be committed. In the former disease the want of sonoriety is limited to the antero-inferior region of the left side, the posterior surface remaining unaffected; while the converse of this condition obtaining in the latter affection will, with ordinary tact, unless the diseases be very complicated, render the diagnosis comparatively easy. Important as is unquestionably the early discovery of an extension of the rheumatic inflammation to the pericardium, of far more consequence is the detection of those changes to which the valvular apparatus and internal lining membrane of the heart so frequently become prone. The remote effects of endocarditis are of the most serious import, for, while the machinery of life may continue with tolerable precision notwithstanding an adherent pericardium, the consequences of this affection, both as regards the heart itself and the functions of the system at large, are of the most alarming and destructive nature.

Inflammation of the lining membrane of the heart is of much more frequent occurrence in connection with acute rheumatism than pericarditis; and as the symptoms are often less developed, it becomes us to use double vigilance, in order to detect by the aid of physical signs, its earliest approach.

The immediate pathological effects of the disease are to impair the action of the valves, by narrowing their orifices, altering their structure either by thickening, adhesions, or fibrinous deposit in the form of granules or vegetations—or, lastly, by rendering the naturally smooth surface of the internal membrane of the heart rugose and uneven, thus presenting an obstacle to the course of the blood, and hence causing hypertrophy, dilatation, and sooner or later fatal dropsy.

The aortic and mitral valves being the most tendinous, are chiefly and equally prone to the attack, and to these, of course, our attention ought primarily to be directed.

The character and intensity of the sound, diagnostic of the lesion now under consideration, whether in degree the soft-blowing murmur, or amounting to a true "bruit de rape," depend upon the resistance offered to the circulating fluid, and are in fact merely modifications of the same sound.

If this obstruction be considerable, and the deposit on the valves or affected membrane be extensive, and more especially if the nature of the deposit approach to cartilage or bone, then we have in addition to the greatest intensity of blowing a palpable vibratory tremor.

Although the precise changes which have taken place in the valvular apparatus do not materially affect the treatment, nevertheless, as the future well-being of the patient, and the prevention of the most deplorable consequences, hinge *in toto* on the *early* detection of an extension of the inflammation to the heart and its membranes, a correct knowledge of the nature, situation, and diagnostic signs of valvular disease, ought never to be considered an unnecessary refinement. If, then, we find a persistent blowing murmur accompanying the first sound of the heart, its maximum at the base of that organ (above the nipple), and farther, if it be transmitted to the large arteries, we may diagnose stricture of the aortic valves; if a similar murmur be audible in the same locality, and under like circumstances, but accompanying the second sound of the organ, we then diagnose a patency of this orifice, admitting regurgitation. When, on the other hand, the maximum of the morbid sound is heard at the apex of the heart (below the nipple), consonant with the systolic or first sound of that viscus, and not propagated in the large arteries, an insufficiency of the auriculo-ventricular valve obtains; while the reverse of this, viz., stricture of

this aperture, is indicated by the murmur accompanying the second sound having its greatest intensity below the nipple, and not transmitted upwards to the arterial trunks.

A double blowing sound accompanying both the systole and the diastole is rather indicative of a mixed lesion of a single than of two separate orifices, producing stricture of the aperture with insufficiency of its valves.

Endocarditis in general assumes the subacute or chronic form; but if the inflammation of the internal lining membrane of the heart be acute, and accompanied by much turgescence of its muscular structure, percussion will then indicate an anormal extent of dulness, while the action of the organ will be abrupt, irregular, and intermittent.

The prognosis in rheumatic inflammation of the heart or pericardium, provided that the requisite treatment be adopted with promptitude and persevered in with energy, may be considered favorable; the instances of death occurring in the acute stage, being chiefly among those whose constitutions are weak or broken down by previous disease.

In the treatment of the above affection, provided we have an opportunity of seeing it at the very onset, our main object should be to endeavour to extinguish the inflammation prior to the exudation of coagulable lymph, and to this end our reliance must chiefly be placed in blood-letting, purging, and mercury. In order, however, to ensure the full benefit derivable from these means, our practice must from the first be vigorous. From the peculiar functions of the organ affected, the quantity of blood required to be extracted will be less readily borne without fainting than when the rheumatism is strictly confined to the joints; a repetition of this measure, therefore, becomes necessary, and in acute cases it will often require to be repeated twice or thrice in the first twenty-four hours. In conjunction with general depletion, the local abstraction of blood by leeches and cupping proves a most important auxiliary, and must be repeated again and again so long as the general symptoms or physical signs indicate a continuance of the inflammation. Next to bleeding, and which, in like manner, ought also to be resorted to at the very commencement of the attack, is vigorous and full purging; this may be repeated, with more or less frequency, until the stethoscopic or general indications prove the supervention of effusion of lymph. At this stage the chief reliance must be placed in mercury, which remedy, in the form of calomel, ought to be administered so as to produce, as speedily as possible, its full physiological effect, and which subsequently, by smaller doses, should be kept up, so long as it appears capable, by exciting further absorption, of removing the effused lymph.

After blood-letting has been carried to the necessary extent, we may then, and not till then, apply blisters to the region of the heart, more especially if effusion have taken place into the pericardium; and, at this period, provided the inflammatory symptoms be reduced, the iodide of potassium may be advantageously prescribed. Should a morbid irritability of the heart remain, it will be best remedied by the occasional application of a blister, and, in the interim, an opium or belladonna plaster.

It is important to remember that, not unfrequently after the removal of the bellows murmur by treatment, it again becomes audible over some portion of the cardiac space. The bruit, although sensibly possessing the same characters, will now frequently depend upon an anæmic condition of the system, and this is more particularly to be suspected if much depletion have been requisite, and if the patient be of the female sex. The state of the countenance, pulse, and tongue are the best indices to the formation of a correct diagnosis, on which our practice must alone be based. Further withdrawal of blood would in this instance be highly prejudicial, while the cautious exhibition of a nutritious but unstimulating diet, with mild tonics, will tend rapidly to effect a cure.

Under the above circumstances, I have found the following formula, together with the exhibition of an occasional aperient, of great service:—

> Iodide of potassium, from two to three grains;
> Tincture of digitalis, from ten to fifteen drops;
> Compound iron mixture, one ounce and a half.
> Mix. Let them make a draught, to be taken three times a-day.

It will scarcely be necessary to add that the diet throughout the inflammatory stage of rheumatic heart affection must be strictly antiphlogistic.

Before concluding these somewhat desultory observations, I would briefly allude to the direct variance in opinion existing between some of our highest pathological authorities on the liability to which bleeding in acute rheumatism exposes the heart and its membranes to an extension of the inflammation.

As far as my own observations have been made, and I have had frequent opportunities of comparing the results of the practice inculcated by both parties, I am fully persuaded that not only does venesection not render the heart more prone to the attack, but that, if this practice be vigorously adopted from the outset in a strong, healthy individual, the chances of the circulatory apparatus becoming affected will be materially diminished; and I agree with Dr. Macleod in attributing, in some measure, the frequency and severity of the disease under the age of puberty to the greater neglect at that period of necessary depletion.

My object in transmitting the preceding remarks to paper has been with the view of urging the more frequent examination of the heart at the very commencement of *all* cases of acute fibrous rheumatism, since it is by this means alone that we are enabled to discover the first inroads of a disease which, if not checked *in limine* (and checked it generally may be if detected early), brings its unfortunate victim to a painful and untimely death. I would conclude by adding, in the words of Dr. Macleod, that in rheumatic fever, with extension of the disease to the heart, "the assistance to be derived from auscultation is paramount, and that he who refuses to make use of it, denies himself the only means we possess of arriving at a correct diagnosis, thus placing in jeopardy the life of his patient, to say nothing of the peril to his own reputation."

CASE OF ABSCESS
COMMUNICATING WITH
THE CAVITY OF THE CHEST.

By Clement James Hawkins, Esq.,
Surgeon to the Cheltenham Dispensary.

William Vizard, aged twenty-seven, a stableman, was admitted a dispensary patient July 18, 1843, with symptoms of fever, accompanied with great depression of the vital powers.

In the absence of Mr. Hartley, I visited him, when he gave the following history of himself:—He felt "ill all over" on Sunday, the 16th, but went to work; on the 17th he was much worse, shivered, and felt incapable of the least exertion. Complains of pain in both sides, and in the right axilla, back, and head; has been delirious during the night; countenance pale and anxious; eyes sunk in the orbits, and glistening; great thirst; tongue coated with a thick mucus; pulse 120, and sharp; respiration hurried. The symptoms resembled those I have often witnessed in cases of absorption of animal poison from a punctured wound. I carefully examined his hands, and found two sores on the right thumb, but was assured he had not dressed a diseased horse. He had taken some aperient medicine. I prescribed a solution of tartar emetic with nitrate of potash every third hour.

I was sent for a few hours after my first visit, as he was much worse. The pain in the axilla was intense, and extended to the pectoral muscle; he could only lie on his back, and the exertion of talking caused severe pain in the chest. I found an axillary gland indurated. I was desirous of examining the chest, but found it quite impossible to move him. I added one drachm of Battley's opium to the mixture, and a fomentation and poultice to the axilla.

July 19. Was relieved by the poultice, and has slept at intervals; tongue dry and brown; bowels relieved; perspiration intense; pulse 110. Continue the mixture without the opium.

20. Passed a bad night; very delirious; complains of deep-seated pain in the chest; integuments covering the great pectoral muscle swollen; severe pain in the forehead. Eight leeches to the head; continue the mixture, with twenty drops of Battley.

23. Inflammation of the skin covering the chest apparent; has cough, and expectoration of thick matter; respiration greatly embarrassed; delirium increased at night; there is a boggy feeling over the right pectoral muscle, and there is a tendency to spreading of the inflammation of the skin; he takes one-sixth of a grain of muriate of morphia, with two of grey mercurial powder, every six hours, and a mixture with carbonate of ammonia in an effervescing state.

27. Has improved in his general health since the last note; his tongue has become moister and cleaner; pulse less rapid; there is an evident sense of deep-seated fluctuation communicated to the fingers. With a view to evacuate matter, I made a deep puncture with a lancet, but was disappointed. I determined to leave the case as it was till the next day, as I had no assistance at hand, in the event of hæmorrhage occurring, and I felt convinced a trifling hæmorrhage would probably produce fatal syncope. To have a pint of porter and a nourishing diet.

28. Says he feels better; I enlarged the puncture, and found the cellular tissue sloughing; a little pus escaped.

29. I made another incision near the nipple, and dissected through the pectoral muscle; immediately about a pint of thick, healthy pus, escaped with some air. During the last four days he has expectorated, or rather gulped up, a large quantity of matter. He takes five grains of sesquicarbonate of ammonia, with half a grain of morphia, every night, with porter, &c.

It would be tedious and unprofitable to narrate the daily particulars of this case; it is sufficient to observe that the diffuse cellular inflammation increased, and required extensive incisions to arrest its ravages. Air continued to escape through a fistulous opening till August 29, when the aperture closed; and under the use of quinine, opium, and a generous diet, contrary to my expectations, the poor fellow recovered. The chest was examined by Mr. Hartley and myself on the 30th of August, but we could not detect any respiratory murmur. He was then in a very debilitated state; but as soon as the opening had closed I ordered him to take some iodide of potassium, and to go into the country. He returned much improved, and I discharged him in October quite well, the lung having recovered its functions, excepting over a space of about two inches in circumference. I am perfectly aware that the report of this case is incomplete, inasmuch as the auscultation of the chest was not performed; in fact, it was quite impossible to raise him in bed to get at the back, and the exquisite pain on touching the chest anteriorly prevented our applying the stethoscope.

There is one point in the treatment on which I wish to make a remark. At a remote date, in my anxiety to close the opening in the chest, I suggested the application of a bandage around the chest. This, however, was not put in practice (and I am glad it was not), as Mr. Hartley was averse to it, being of opinion that the functions of the chest would be impeded, and the expansion of the lungs prevented.

INFREQUENCY OF PHTHISIS IN MARSHY DISTRICTS.

M. Ollivier (d'Angers), at the séance of the Academie de Médicine, Nov. 7, said that M. Nepple's researches in the infrequency of phthisis in marshy districts, were confirmed by what M. Brera said some years ago on the rarity of phthisis at Venice, a rarity which he attributed to the emanations of the lagunes. During a sojourn at Venice he endeavoured to verify this fact, and found that in the 1,200 or 1,400 patients admitted into the hospitals of that town in a year, there were only seven or eight cases of phthisis, the rest being for the most part cases of intermittent fever and rheumatism.—*Gaz. des Hop.*, Nov. 9.

A REMEDY FOR THE VOMITINGS OF EARLY PREGNANT WOMEN. BY M. PITSCHAFT OF BADEN.

M. Pitschaft says he has discovered a remedy for the distressing vomitings which generally so much affect women in the early stages of pregnancy. His remedy consists of pills of creosote, henbane powder, and distilled water, one to be taken three times a day.—*Gaz. des Hop.*, and *Hufeland's Journal.*

CASE
OF
DISLOCATION OF THE HIP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The following case presents a fortunate if not the only mode of reduction applicable, and I offer it to the notice of the profession as not described by our best authorities. If my reasoning be correct, it will serve to account for cases where sometimes the reduction has been ascribed to the lucky movement of the limbs after the failure of the ordinary means.

I am, Gentlemen,
Your obedient servant,
H. CLARK, M.D.,
Surgeon to the Royal South Hants Infirmary.

Southampton, Nov. 29, 1843.

Henry Moore, aged twenty-two years, a well made man, but not particularly robust, was admitted into the infirmary Nov. 9, with dislocation of the left femur backwards; and the history of the case, as taken from the note-book of Mr. Alfred Stace, the house-surgeon, is as follows:—

"He is what is called a coalrunner, and was employed at the time of the accident in clearing some bales of cochineal from the hold of one of the West India mail steam ships. He was in the act of raising himself from a stooping posture, when a bale, which had been hoisted to the height of eighteen or twenty feet, fell, and, striking him on the face, knocked him down, forcing the left leg violently behind the other. On attempting to raise himself, he found he was unable to do so, and was immediately taken to the infirmary. The weight of the bale of cochineal was 3 cwt.

"On admission, an hour and a half after the injury, the signs of dislocation of the femur on the dorsum ilii were well marked. There was an unnatural flattening of the parts over the hip-joint; the trochanter was distinctly felt above the position of that of the opposite side, and nearer to the anterior notch of the ileum; pain was felt at a spot a little behind the great trochanter when in its natural situation; the knee was directed across, and in front of the other; the toes and feet were turned inwards, the former resting on the right instep, and the limb was altogether considerably shortened. Extension and abduction could not be performed, and flexion on the pelvis only to a limited extent. Dr. Clark, the surgeon of the week was quickly on the spot, and the treatment was commenced within half an hour of the man's admission."

The first attempt at reduction was made by placing the patient on his right side, at the left edge of the bed, when the pelvis was firmly secured by a round towel to the frame of the bedstead beneath. Then the lateral extension was made by another towel passed on the inside of the thigh and over the shoulders of a man who stood over him, so as to draw directly upwards; but in this position the oblique traction of the limb being imperfectly practicable, I placed him on his back at the right side of the bed, and secured the pelvis to the bedstead on this side. The round towel was then carried from the upper part of the inside of the left thigh round the hips of a man, who with his feet against the opposite edge of the bed, and steadying himself with his hands against the wall behind, was enabled to exert continued powerful extension, while another exerted similar force (by a towel bound tightly round the thigh just about the knee and passed over his own shoulders) in a direction downwards and obliquely across the other thigh. During this operation I held down the pelvis, and with the assistance of Mr. Stace endeavoured to effect the reduction. Finding that nothing was gained by our united efforts, with the powerful exertions of two strong men thus directed, it occurred to me that, failing in the use of this great force (which was doubtless ineffectual from its insufficiency), if I placed the limb in a position to favor the return of the head of the bone, I might avoid the resistance of those powerful muscles we were operating against in the usual way. The indication clearly was to elevate the head of the bone from behind the head of the acetabulum, and this I considered I might accomplish by using the femur as a lever, its form especially assisting the intention; I, therefore, directed the assistants to let the limb loose. I again examined it by flexion, rotation, and comparison with the other leg, and found its condition to be the same as at first, and that it could not be rotated outwards beyond a certain point, from the head of the os femoris coming firmly against the dorsum ilii. I now flexed the knee to a right angle, which raised the thigh to an angle of about forty-five degrees with the bed, perhaps near a right angle with regard to the pelvis; and, by bringing the foot in contact with the other leg, while the knee was sustained in a perpendicular direction, it is manifest that the femur was rotated, and the trochanter major thrown outwards, the head alone then resting on the ileum behind the acetabulum, which cavity, with the axis of the femur through its head, neck, and shaft, were now nearly on the same plane; in this relative position of the parts, by throwing the limb outwards, the head of the bone, it is fair to infer, would start forwards to its natural situation; and such was the gratifying termination of the case, with no more force than was necessary to abduct the limbs. The pelvis still fixed to the right side of the bed, admitted of no change; the heel rested on the bed, as above, while I stood on the left side of the patient, with my right hand on the hip-joint, and my left holding the knee; thus the reduction was readily and audibly effected as I drew the limb towards me.

The present method of making soda from common salt was discovered by Le Blanc at the end of the last century. It was a rich boon for France, and became of the highest importance during the wars of Napoleon. In a very short time it was manufactured to an extraordinary extent, especially at the seat of the soap manufactories. Marseilles possessed for a time a monopoly of soap and soda. The policy of Napoleon deprived that city of the advantages derived from that great source of commerce, and thus excited the hostility of the population to his dynasty, which became favorable to the restoration of the Bourbons.—*Liebig's Letters.*

LIGATURE OF THE SPERMATIC ARTERY PROPOSED BY HARVEY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In my work on the Diseases of the Testis, &c., lately published, I have unintentionally committed an act of injustice to the merits of a distinguished individual by an oversight, for which I am anxious to take an early opportunity of making amends. The omission alluded to was detected by Mr. Soden, of Bath, and kindly pointed out to me in the following letter, for which, as well as for the flattering expressions contained in it, I beg to tender him my sincere thanks:—

"Sir,—Although I have not the honor of being personally known to you, I am induced to address you, in consequence of the pleasure I have derived from the perusal of your valuable work on Diseases of the Testis. Few professional works, indeed, have afforded me so much gratification as this production of your pen. Its historical department is extremely interesting, and evinces such a liberal desire on your part to do justice to the merits of all your predecessors, that I trust you will excuse the liberty I take in referring you to an authority that appears to have escaped your vigilant and comprehensive research. You give the credit of originality to Maunoir for the application of a ligature round the spermatic artery, as a substitute for extirpation of the testicle. You are, perhaps, right in considering this operation as of little practical value; but, if you had been acquainted with the following passage in Harvey's work on Generation, I am sure you would have paid a tribute to the claims of our immortal countryman, the discoverer of the circulation, who not only suggested the plan of tying the spermatic artery in certain cases of enlarged testis, but actually and successfully carried it into effect:—

"'Having had an eye upon this employment of the arteries, or circulation of the blood, I have sometimes perfectly cured exceeding great herniæ carnosæ, beyond all expectation, providing only that the little artery being tyed or cut off, no nutriment or spirit might have accession to the part affected; by which it fell out that the fatal tumor was afterwards easily extirpated either by incision or adustion. A certain man, besides other infirmities (and of this story I can produce many testimonies), had a sarcosis or fleshy tumor in his scrotum or cod, bigger than a man's head, hanging down to his knees; and from it another hernia carnosa, as thick as one's wrist (or a cable), passed into his abdomen, so that the disease growing to so great a height, no man would undertake the cure by incision or otherwise. Yet I perfectly cured this so vast excrescence, which so much distended the scrotum and encompassed the testicle, by the means aforesaid, and yet left the leading and preparing vessel to the use of the testicle, without any prejudice or touch upon the other vessels descending into the scrotum by the tunica vaginalis, or coat of the testicles so called. But these and other cures accomplished clean, beside the common opinion, I shall, in my Physical Observations (if God grant me life), discover at large.'—*English edition, London*, 1653, pp. 113, 114.

"It may not be quite clear what was the precise nature of the disease which Harvey treated in the foregoing case; but I think he intended to tie the spermatic artery, leaving the vas deferens entire, in the expectation that the morbid part would be absorbed without destroying the function of the testicle. The case is curious; and it appears to me surprising that it should have escaped the observation of the numerous and distinguished authors who have written on the physiology and pathology of arteries since the commencement of the present century, but I am not aware that it has been noticed by any of them. The proposal to tie the thyroid artery in bronchocele, and to promote the absorption and arrest the growth of large tumors, by putting a ligature round the vessels that nourish them, has been generally regarded, I believe, as a modern suggestion; but it is evident that Harvey was acquainted with the principle on which such treatment has been recommended. Harvey's Physical Observations were never published, and it is to be feared they were lost, with his other papers, during the troubles in the time of Charles the First. The work on Generation was edited by Sir George Ent, who, in the preface, gives an interesting account of an interview with the author, during which Harvey pathetically lamented the disastrous state of public affairs; and, at p. 418, he feelingly alludes to the loss of his manuscripts. I will not, however, detain you longer, but beg you will forgive this intrusion on your time; and believe me, dear Sir,

"Very truly yours,

"John S. Soden.

"Bath, Nov. 18, 1843.

"To T. B. Curling, Esq."

That the application of a ligature to the main artery supplying a particular part morbidly enlarged, should cause that part to waste, if such a notion had never been entertained before, would not, in the present advanced state of physiological knowledge, be regarded as anything extraordinary. But when we consider the ignorance on these subjects which prevailed at the time this idea entered the mind of Harvey—that at that period the circulation and the distinct offices of the arteries and veins had only just been discovered—the suggestion must be viewed as indicative of a mind of no ordinary sagacity, and as showing how ready this great man was to make a practical application of the results of his grand discovery. And although this plan is not likely to be applied with benefit to any of the diseases of the testis, the principle upon which the treatment was founded is a valuable one, and has in other cases—as, for instance, in bronchocele—been successfully acted upon.

I shall be obliged, Gentlemen, by your giving insertion to this communication, which may prove interesting to many of your readers. It will tend to show that the writings of some of our great predecessors, now neglected, may be studied with advantage, and it may prevent others from falling into the error that I have committed—of describing as a novelty in the nineteenth century that which was suggested and practised in the seventeenth.

I am, Gentlemen,

Your obedient servant,

T. B. Curling.

37, New Broad-street, City, Dec. 2, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, DECEMBER 9, 1843.

No one part of our social system can be deranged by itself. If crime and misery exist in one district, some others also are sure to suffer directly or indirectly. When a mob of armed peasantry in Wales set the law at defiance, pull down turnpikes, burn hay-ricks, and destroy the property of the gentry, in order to revenge themselves for their supposed grievances, the mischief is sure to be felt in Cheapside. The London tradesman has to lament the absence of the nobleman and squire, who hurry homeward to look after their property, instead of spending their superfluous wealth in the purchase of metropolitan luxuries. In like manner, no part of the provinces, however remote, can be without apprehension from the effects of large masses of desperadoes congregated in the metropolis, and ready to do the bidding of any seditious demagogue, who promises them bread. What has not been done by the hungry plebeians of Rome and Paris? In reverting, therefore, to the subject of that destitution of the lower orders which always exists more or less, but which is always more prominently brought under the notice of the public at this season, we feel that all our professional readers have a common interest in the topic—an interest enhanced by the circumstance that no exertions can be made for the relief of the poor, in which they do not bear their full share of the burthen; and that next to the poor themselves no class in the community would be so benefited by the removal of those hideous combinations of destitution and disease which their daily duty brings them into contact with, and which prove to many of them the most onerous sources of unrequited toil.

We asserted, in our last Number but one, that our present system of affording relief is either insufficient in itself, or else insufficiently administered. The proof of the assertion is found in the fact that people do now at this day die of starvation, and that the condition of the poorer classes is deeply disgraceful to any civilised community.

Now, let us take the following case as a sample of what may really occur under our present system:—

An inquest was held last week in the parish of Footscray, in Kent, a short distance from the metropolis, on the body of a woman named Maria Plummer, aged forty-nine. The evidence showed plainly enough that she died through want of the common necessaries of life. The coroner and jury were appalled by the spectacle of emaciation which her body presented. The surgeon, Mr. Pritchard, deposed that she was evidently the victim of neglect and filth. She had been suffering from severe diarrhœa, a natural consequence of her destitution. Not a trace of nourishment could be found in the stomach or intestines. She was well known to have been wandering about the district in a state of the greatest misery for some weeks. She had been for some time separated from her husband, a man employed as gardener at Lord Bexley's, and in the receipt of tolerably good wages; he had been in gaol for cruelty to her, and was ordered to give her half-a-crown a-week, but it was very irregularly paid. She had been actually sleeping in a privy for some nights before her death, from the want of a roof to shelter her. An old man, her stepfather, described her, the day before her death, as looking thin and starving; so ill, that he should have given her food had she been an utter stranger. Mr. Pritchard, the surgeon, deposed that on the Wednesday she came to him, ill and exhausted from want of nourishment, and that he gave her a letter to Mr. Bankes, the relieving officer at Chislehurst, two miles off, although he told her that she was very unfit to perform the journey on foot. She went, however, the next day, Thursday, and saw this relieving officer, who did not give her any relief, but went in search of her husband, and, not finding him, left word for her to appear before the board of guardians the next morning. But that next morning she never saw; for, according to the statement of Sarah Combes, the landlady of an inn at Sidcup, she came to her house on the Thursday evening, ill and exhausted, and praying for a bed. The landlady at first refused her request, fearing lest she should be taken ill and remain on her hands; but she at last yielded to her urgent entreaties, on her promise to get up and go away early in the morning. She then had some warm beer, and was assisted up stairs to bed. When undressing, she fell on the floor from exhaustion; she was heard to moan in the night, and the next morning she died.

The landlady does not seem to have been inhuman; her precaution against being burdened with sick, unprofitable inmates, was, no doubt, natural and justifiable enough; yet it somehow brings the recollection of a certain Mrs. Towwouse irresistibly into the mind.

We have detailed all the circumstances of this poor creature's case thus minutely, in order to exhibit the imperfections of our system of relieving the poor. What can be said of a system so rigid that the poor may die if they cannot wait for to-morrow's board?—which employs as its almoner a man who cannot see that death by starvation is not twenty-four hours' distant?—a man subject to the temptation of letting the poor die, rather than incur the displeasure of his employers for supposed extravagance of relief?

But it is not the new Poor-law that we are going to accuse now. Harsh and unfeeling as it may be, framed to protect the pockets of the rate-payers, with

as little regard as possible to the unhappy subjects of its adamantine rule, it surely is not alone to blame in the present case. A woman dies of hunger in a rich and populous district. Her circumstances have been notorious for weeks. Yet who had befriended her? Where were the priest, the magistrate, the people of wealth? How is it that private charity was so inaccessible or so dormant? The maintenance of the poor is a positive duty on all who have anything to spare. No man can shift the duty from his own shoulders to those of a relieving officer, or can suppose that Christian charity consists merely in the payment of a poor-rate. No law could be framed which would embrace every case demanding succour. It is notorious that the present Poor-law does not. It has been made the theme of angry declamation enough, that it does not give relief adequately to the known wants of the poor; that it adopts the harshest test, and makes the poor pass under the most degrading yoke ere they can taste of its repulsive bounty. But yet, in spite of this notoriety and this declamation, what has been done systematically to supply its defects? What supplementary system has been set on foot by those who declaim against its insufficiency? It is admitted that the legal system is adapted not so much for the relief of the poor, as for the prevention of pauperism, for a restraint on idleness, for the protection of those who work and pay, against those who would be idle, and live on the industry of others. But what has been done for the systematic benefit of those on whom the law frowns forbiddingly?

To oppose with success an evil so widely spread, and so deeply rooted, it is evident that the casual exertion of private benevolence is insufficient. The case before us gives proof enough that system and organisation are wanted. Provision ought to be made that no such instances of distress could occur unknown to those who have it in their power to give relief.

Independent altogether of the paid legal relieving officer, and the over-worked parochial surgeon, there ought to be in every parish an organised body—a brotherhood or sisterhood of Mercy—who should know the poor and their wants, enlighten their ignorance, administer succour for those innumerable ills of soul, body, and estate, that no law can reach; and, above all, make the poor feel personally that they are not in this wide world alone in their wretchedness, but that, in a Christian country, there is somewhat of the *communio sanctorum*, and some affectionate link subsisting between all the creatures of the same clay.

We need scarcely say that the elements of such a system are already in existence. There is in the clergyman of every parish a person whose duty or privilege it is to minister to the necessities of the poor; and in the happily reviving custom of the weekly offertory, there is a means of collecting the necessary pecuniary aid in a manner the least onerous and most grateful to the giver. And when the clergyman, as superintendent, has at his command a well-instituted association of the more affluent and intelligent of his flock, in the form of a visiting society, nothing more, in a vast number of parishes, is needed; the means are adequate to the end.

But the reverse is the case with the densely-populated parishes of large towns; with the cellar dormitories of Liverpool; with such districts as Bethnal-green, where, according to an affecting statement published by a resident clergyman, a population of 12,000 persons is crowded into a space less than 400 yards square, each room of ten or twelve feet square containing a squalid family of six or eight persons. In such districts as this, the simple machinery described above is almost utterly powerless. The health and strength of the clergyman, amidst his other duties, would be consumed in the attempt to cope with such a mass of misery. Private persons of respectability, supposing there to be any in the parish, would be repelled by the horrors of the place. To deal with such accumulated wretchedness, there is required a numerous, well organised, thoroughly trained, indefatigable band, laboring for love, not for lucre, who would treat the poor with the kindness of brethren, not with the measured harshness of paid relieving officers.

To accomplish this object, we need a revival of the ancient diaconal order; or else the establishment of monastic institutions containing within their walls young candidates for the Christian ministry, who are willing to begin the practical duties of their calling by an experimental acquaintance with the worst forms of those miseries which it is their province to mitigate. Thus, there might be placed in the centre of the worst districts a house accessible at all hours; where none could knock in vain; whose inmates would soon learn practically the difference between profligacy and misfortune; who would relieve the distressed with discriminating kindness; who would have the means of detecting imposture, through making it their business to know personally the circumstances of all within their reach; who might detach from their body any number of practised almoners to go into other districts where their services might be called for, and where the means of visiting and relieving the poor are insufficient.

Such institutions might, in connexion with subordinate voluntary associations of laymen, accomplish the otherwise almost hopeless task of bringing the population of our large towns within the pale of civilisation and Christianity. To carry out the scheme, some better plan of medical relief must be adopted than the present wretched dispensary system; but of this we must speak on a future occasion.

REVIEWS.

The Surgeon's Vade Mecum. By ROBERT DRUITT, Surgeon. Third edition. Illustrated with Ninety-five highly-finished Wood Engravings by Bagg. London: Renshaw, Strand; and Churchill, Princes-street, Soho. 1843. 12mo. pp. 572.

When a work on any subject, more especially on medicine, has passed to a third edition, its character may be deemed so fully established as to place it beyond the malice of the most snarling of critics, and even above the ill-timed praises of the most friendly pen—for the latter we deem "the more unkindly cut" of the two. In whatever humor we might have been, then, on taking up Mr. Druitt's volume, we at once felt that our editorial wisdom might with great propriety be best exhibited by an expression of opinion concurrent with that so universally prevalent regarding this production.

The brief interval which has elapsed between the appearance of the present edition and its predecessor has not been productive of such an amount of interesting novelty in professional matters as to necessitate a great increase in our author's well-filled pages. Yet there has been no neglect on this score, and it may be said with truth that "The Surgeon's Vade Mecum" affords a complete, though brief and condensed view, of the entire field of modern surgery. We know of no work on the same subject, having the appearance of a manual, which includes so many topics of interest to the surgeon; and the terse manner in which each has been treated evinces a most enviable quality of mind on the part of the author, who seems to have an innate power of searching out and grasping the leading facts and features of the most elaborate productions of the pen. Notwithstanding various weedings and alterations, we find that there are nearly fifty pages of additional matter in the present volume, and evidently much has been done by both author and publishers to sustain the reputation already acquired. The wood-cuts have been greatly increased in number, and the pencil and graver of William Bagg have added brilliancy to this portion of the book.

In the preface we are told that "the main body of the work is supplied by the labors of Sir Astley Cooper, Abernethy, Travers, Lawrence, Guthrie, and the other great surgeons of our times; * * the writings of Liston, Herbert Mayo, Samuel Cooper, Sir Charles Bell, Brodie, Fergusson," &c. &c.; and the author expresses his obligation to his former preceptor in surgery, Mr. Joseph Henry Green, for his "admirable course of lectures delivered at King's College." But no source of modern authority has been left unsearched, and the author, with as much candour as skill, has on all occasions acknowledged his obligations.

Mr. Druitt occupies no position in any of our great public institutions, and is, we believe, too sensible, and withal too modest, to assume an air of great authority on what are usually deemed the most interesting subjects in surgery; but he shows himself to be thoroughly versed in all of them, and displays an intimate practical acquaintance with the routine of daily duty. It must not be supposed, however, that he good-naturedly coincides with every opinion expressed by those around him—he evidently thinks for himself, and does not hesitate to state his own views in most decided terms. We shall select the following passages from pp. 106 and 107, as indicative of the strong good sense which pervades the volume throughout, and we hope that some of our modern pathologists will take the hint that much is yet required to be done on such subjects, and that probably the first step in such a good undertaking will be to assume, as a body, a code of terms which might enable each to understand the other.

"Besides the well-marked varieties of malignant disease, of which we have given an account in the preceding sections, there are, no doubt, numerous other varieties of less frequent occurrence, which have not yet been accurately examined, or classified, and which appear to form as it were transition-stages between the real malignant growths, and those which are commonly called benign. Of this kind are the tumors described by Abernethy under the name of *mammary and pancreatic sarcoma*, from their resemblance to the outward configuration of those glands; and the tumors which have recently been described by Mr. Ancell, Mr. Dorrington, and Mr. Harrison. It will be sufficient for the author's purpose to make known to his readers the existence of these tumors, and to refer them to the original authors for fuller information; merely adding that they appear under the microscope to be composed of nucleated cells, larger and more irregular than those of normal tissues; whilst as regards their appearance to the naked eye, 'the terms scirrhus, fungoid growth, encephaloid in a crude state, albuminous sarcoma, and colloid cancer,' were applied by different observers to the tumors in Mr. Ancell's case; thus showing the present uncertainty of their real nature."

In a note with reference to the above, our author slyly quotes a proposal from Mr. Dorrington to call the tumors alluded to "Disseminated globose carcinoma," and we doubt not that the good old Abernethy himself would have been pleased with the mellifluous appellation. Taat charming little observation about the fragrant odor of the rose, so familiar to ears polite, indicate a degree of latitudinarianism which may appear unobjectionable for ordinary things and ordinary topics; but of a verity it would be well that our present race of microscopists took this subject into their serious consideration.

There is scarcely a page in which ample proof does not exist of the excellence of our author in condensing the views of others, and almost at random we may select his observations on buffy blood:—

"Buffy Blood.—The reader needs scarcely be reminded that, after healthy blood has coagulated, it divides into two portions, serum and crassamentum; —that the serum is a watery solution of the albumen and salts, whilst the crassamentum consists of the fibrine and red particles;—and that the fibrine, which by itself is yellowish white, derives an uniformly red tinge from the equal diffusion of these particles. But, on the other hand, when blood is drawn during the fever which accompanies acute inflammation, the crassamentum is generally found to be covered with what is called a '*buffy coat*,' that is, a yellowish white layer of fibrine, free from red particles;—which layer may vary from one line to one-third of the clot in thickness, and is frequently so strongly contracted as to make its surface concave, or *cupped*, and its edges fringed.

"We have therefore to inquire, *first*—what are the real changes in the blood which causes this deviation from its ordinary appearance; — and *secondly*, by what states of the system are they produced.

"With regard to the first inquiry, we will briefly enumerate the changes in the condition of the blood which are supposed to be concerned in the production of the buffy coat.

"In the *first* place, it has been supposed to be owing to a slow coagulation, so that the red particles have time to sink, and leave the upper surface of the clot colorless. And it is quite true that the blood generally coagulates very slowly in inflammatory fever. But still, as Hewson says, 'something more than merely a lessened disposition to coagulate is necessary for forming the crust or size,'* because if blood be confined by ligatures in a vessel of a living animal, although it will coagulate very slowly, it still will be free from the buffy coat.

"In the *second* place, Hunter supposed that the specific gravity of the red particles was increased,† so that they would sink to the bottom more rapidly than in healthy blood. But this was disproved by an experiment of Hewson.

"*Thirdly*, it has been presumed that the fibrine has a tendency to separate from the other elements of the blood, and to rise to its surface; and this is no doubt partially true.

"*Fourthly*, it has been shown by the experiments of Thackrah, Andral, and Gavarret, that the quantity of the fibrine in the blood is increased during acute inflammation.

"*Lastly*, we must give a brief account of the opinion which Mr. Wharton Jones has advanced as the result of his microscopical examination of the blood, and which probably is nearer the truth than any of the preceding theories. In the coagulation of healthy blood, the following phenomena are observed:—First, the red globules, by a mutual attraction, unite themselves into rolls, which soon break up into kind of sponge-work, in the meshes of which all the liquor sanguinis is contained;—then the fibrine of the liquor sanguinis solidifies;—and lastly, the sponge-work formed by the blood globules contracts itself, squeezing out most of the *serum* from between its meshes, but retaining the fibrine. In inflamed blood, on the other hand, the attraction of the red globules for each other is greatly increased; so that they form themselves quickly into a sponge-work, which quickly contracts, and sinks towards the bottom of the vessel, squeezing out some of the *liquor sanguinis* from its meshes, before the latter has separated into fibrine and serum. And this liquor sanguinis, so separated from the globules, forms the blueish white layer which is well known to appear on the surface of inflamed blood very soon after it is drawn. And the fibrine which it contains being deposited on the surface of the sponge-work formed by the globules constitutes the buffy coat.*

Of the five sections into which the work has been divided, the fifth, which is devoted to "The Operations of Surgery," appears at first sight to be somewhat defective, especially when compared with the others; but this is in a great measure accounted for by the circumstance that much which might be looked for under such a title is scattered throughout other parts of the volume; indeed, the section in question seems devoted almost entirely to amputations and ligatures of arteries, and these topics, too, are passed rapidly over, while the reader is referred to Liston, Fergusson, and other great authorities on these subjects. We ourselves think that it might have been as well had such operations as those for hernia, for stone, trephining, &c. &c., been included under a section professing to be devoted to the "Operations of Surgery," and thus each section of the work would have had its own fair share of merit. Amputations are justly esteemed as among the rudest of surgical operations; and in the present day a feeling gains ground that the knife has been but too frequently resorted to in the treatment of aneurysm. Such experienced men as Cusack and Liston, whose reputation as "knivesmen," to use the latter's own expression, is beyond impeachment, now, with more patience than characterised the proceedings of those who followed in the wake of John Hunter, apply pressure with the most happy result, and though our author does include "venesection, arteriotomy, cupping, acupuncture, issues, cautery, setons, moxa, vaccination, electricity and galvanism, galvano-puncture, and bandaging" in the section to which we at present draw attention, those subjects are so briefly discussed, and bear so little proportion to the more imposing descriptions of amputations and incisions on arteries, as to favor the impression that "the operations of surgery" consist almost entirely of such miserable vivisections. Better were it for surgeons that these "operations" were entirely set aside than that they should be supposed to constitute the essentials of the operative department of the art. The loss of life from leaving such examples of disease as are at

* Hewson; Experimental Inquiry into the Blood. Lond. 1772. Chap. ii. pp. 34 *et seq.*

† He thought also that the serum was specifically lighter than usual.

* This account is confirmed by the experiments of Mr. Addison, of Malvern. Med. Gaz., vol. xxvii., p. 477.

present subjected to these "operations" would be small indeed, if compared with the mortality which would ensue did these alone constitute the operative sources of the surgeon. We have only to refer to any three consecutive pages in Mr. Druitt's work to prove that he himself is fully aware of this, and were it worth the trouble it might not be difficult to show that, instead of some thirty-six pages being devoted to the operations of surgery, there are nearer two hundred —interspersed, however, throughout the pages occupied by other sections of the work. We maintain that setting a dislocation or a broken bone, adjusting splints in the latter instance, reducing a hernia by taxis, tapping a hydrocele, introducing a catheter, &c. &c., are all as much entitled to consideration under the imposing head of "The Operations of Surgery," as those which appear in the list. We wish it not to be supposed, however, that those most interesting subjects have been neglected in this treatise—far from it—each has evidently undergone the author's usual careful scrutiny, although the practical instructions have been wrapped up in those sections professing to embrace what it is fashionable to term the "science of surgery." We open the volume by chance, and find, at p. 448, the following most practical paragraph relative to the treatment of permanent stricture of the rectum :—

"*Treatment.*—The remedies are aperients and injections so as to produce daily soft unirritating stools,—and the bougie. A soft bougie, capable of being passed with moderate facility through the stricture, should be introduced once in three or four days, and be allowed to remain fifteen or twenty minutes; and its size should be gradually increased when a larger one admits of being passed. The best bougie is a short one, made of India-rubber, which may be received altogether within the sphincter; and it may be withdrawn by means of a ribbon at one end. Instruments of every sort introduced into the rectum should be handled with the utmost gentleness. Nothing is gained by forcing a large bougie through a stricture. The cure is to be effected by the repeated and gentle stimulus o pressure,—so as to excite absorption,—not by mere mechanical dilatation. There are numerous fatal instances on record in which the bowel has been torn by bougies, and by that most dangerous and loathsome instrument the common clyster syringe, in the hands of careless or ignorant people. For the administration of enemata, the pipe should be only an inch and a half in length, with a large bulbous extremity. Or if in cases of stricture, or of obstinate costiveness with great accumulation of fæces, or of incarcerated hernia, it is desirable to introduce a tube farther, it should be quite flexible like that of a stomach pump. But the natural sharp fold at the junction of the rectum with the sigmoid flexure, and the fact shown by Mr. Earle that the bowel not unfrequently makes a horizontal curve to the right before descending into the pelvis, render the introduction of bougies into the sigmoid flexure a very blind, hazardous proceeding, and one that is not often to be justified. Moreover the surgeon must be on his guard lest he fall by inadvertence ito an error, which some vile mercenary men daily commit on purpose. That is to say, he must not pronounce his patient to have a stricture because the point of the bougie catches in a fold of the mucous membrane, or is obstructed by the promontory of the sacrum.

In our own estimation, there is more of "science" about all this than most persons are in the habit of supposing or admitting; unquestionably it is truly and ably "practical," and assuredly it relates to an "operation of surgery."

We think that the following summary of the various non-operative remedies for strangulated hernia affords another fair sample of our author's manner of dealing with practical subjects :—

"If the taxis do not succeed, certain auxiliary measures may be resorted to, in order to relax the muscles, reduce the heart's action, and diminish the size of the tumor. These we must treat of in succession.

"(*a*) *Bleeding* to the approach of syncope should be tried if the patient is robust, the hernia small and of recent date, and if there is much tenderness of the sac or the abdomen, in which latter case it should be employed before trying the taxis.

"(*b*) The hot bath (96°—100° F.) continued long enough to produce great relaxation is useful in similar cases; but it must be recollected that a delicate person will not be very likely to bear the shock of an operation, if bled or boiled to death's door first of all.

"(*c*) A large dose of *opium* or *morphia*, is a remedy that is now much in vogue in cases of acute strangulation, after bleeding; especially if the pain and vomiting are violent.

"(*d*) The *tobacco enema* (3j ad Oj aq. ferv. allowed to stand ten minutes, and half to be used at a time) has certainly been successful in many cases, especially of inguinal hernia,—but it requires great caution. It has proved immediately fatal to some patients, and has rendered others incapable of surviving the shock of the operation.

"(*e*) *Cold* applied to the tumor by means of pounded ice or a freezing mixture (F. 12) in a bladder, is useful by reducing inflammation, condensing flatus, and constringing the skin. It is most applicable to large scrotal herniæ. It, too, is not without its hazards, for it may cause gangrene of the skin if applied too long, or if hot applications are incautiously used after it.

"(*f*) *Tartar emetic*, given as in dislocation, is said to have been employed with benefit, but it might cause a very troublesome vomiting.

(*g*) *Purgatives and enemata* are irritating and mischievous in sudden acute strangulation, but vastly beneficial if the patient is aged, the hernia large and long irreducible, and if the attack has been preceded and caused by constipation. Large doses of calomel and colocynth are the best purgatives, and the enemata should consist of as much salt and water as can be injected without causing very much pain or distention. They should be injected with a pumping syringe, and not with those filthy, inefficient, and now obsolete

instruments, the bladder and pipe, or old-fashioned pewter syringe. Moreover, Dr. O'Beirne has fully shown that greater benefit is to be derived in cases of incarcerated hernia and obstinate constipation from passing up a long tube—(the tube of a stomach-pump answers very well)—into the colon, than from the use of the ordinary short enema pipe. The long tube relieves the bowels of their flatus; and of course by diminishing the bulk of the contents of the abdomen, renders the return of the hernia more easy.* In the old standing cases, occurring to aged people with large herniæ, the surgeon may be justified in waiting some time to try the effect of his remedies; but in the acute cases occurring to young people, it may be laid down as a general rule that, if the taxis, bleeding, warm-bath, and opium do not succeed, it is the safest plan, on the average, to perform an operation for dividing the stricture without further delay,—using the other remedies only if the patient will not consent to the operation."—p. 425.

It may be seen, from the above observations, that we have no just ground of quarrel of any omission on the author's part; 'tis by the peccadillo of taking from one department to enhance the apparent merit of the other that has slightly raised our bile. But we love to forgive, and we unbend with pleasure on the present occasion. We trust, however, that in the next edition with which, doubtless, ere long the admirable press of Bentley will again teem, our author will take care to show what we are convinced he truly understands—that the difference between "operative surgery and "practical surgery" is not so great as his arrangements of sections would imply, and that a large proportion of the latter strictly belongs to the former, and should, therefore, according to the present plan of the work, find a place in the appropriate section.

We wish that our limits would permit us to make some further quotations; but in good faith, for our readers' sake, we must recommend the original. It is a useful hand-book for the practitioner, and we should deem a teacher of surgery unpardonable who did not recommend it to his pupils. In our own opinion, it is admirably adapted to the wants of the student; and with congratulations to the author and publishers—for the latter deserve much credit for the handsome appearance of the volume—on the success of the undertaking, we leave the present edition as a piquant proportion of the ample store of knowledge which it is the good fortune of the rising youth in the profession to be so cheaply provided with in the present day.

* Vide Lancet, July 6 and 27, 1839; also James's Retrospective Address, in Prov. Med. Trans., 1840; and O'Beirne on Defæcation.

Elements of Anatomy. By Jones Quain, M.D. Fifth Edition. Edited by Richard Quain and William Sharpey, M.D., Professors of Anatomy and Physiology, University College, London. Illustrated with numerous Engravings on Wood. London: Taylor and Walton, 1843. First half of the Volume, pp. 424.

This work, like the preceding, is so thoroughly established in the good opinion of the profession, that we need not express our formal opinion of its merits. Of the present edition, we have as yet only one half of the work before us, containing the description of the bones, articulations, and muscles; the remainder being promised as soon as possible.

That portion of the work which relates to descriptive anatomy has been prepared by Mr. Richard Quain; whilst an entirely new treatise on general anatomy, which is prefixed to the descriptive portion, and of which only half is yet published, has been contributed by Dr. Sharpey. Of this portion of the work, it is needless to say more than that it bears the impress of the author's profound knowledge, and of his admirable powers of teaching. He gives, in the first place, an account of the chemical and physical properties of the tissues, and their proximate constituents. When treating of the chemical properties of tissues he thus describes a substance that was not known in our younger days:—

"*Chondrin* was first pointed out as a distinct substance by Müller. It is obtained from permanent cartilages, and the cartilage of bone before ossification, and from the cornea of the eye, by boiling these tissues for a long time in water. In its relations to water, chondrin resembles gelatin, but the jelly it forms is not so firm. Like gelatin, also, it is thrown down from its solutions by tannic acid, alcohol, æther, creosote, and corrosive sublimate, and not by prussiate of potash. It differs from gelatin in being precipitated by the mineral and other acids, the acetic not excepted; also by alum, sulphate of alumina, persulphate of iron, and acetate of lead, the precipitates being soluble in an excess of the respective precipitants."

After a brief account of the chemical nature of the animal tissues, we find an excellent history of the modern doctrine of development by cells, and of what is known respecting the composition and vital properties of the blood; these sections constitute that portion of Dr. Sharpey's contribution which is yet published. Of the chapter on cell development, we should speak more fully, did we not purpose to return to the subject again shortly. We give the following extract, as a hint to those who still speak of tissues formed by blood-vessels,—of parts organised through the medium of capillaries, &c. &c., in order to show the great advances which have been made in the minute departments of physiology:—

"From what has been said, it is clear that the vessels are not proved to perform any other part, in the series of changes above described, beyond that of

conveying matter to and from the scene of nutrition, and that this, though a necessary condition, is not the essential part of the process. The several acts of assuming and assimilating new matter, of conferring on it organic structure and form, and of disorganising again that which is to be removed, which are so many manifestations of the metabolic and plastic properties already spoken of, are performed beyond the blood-vessels. It is plain, also, that a tissue, though devoid of vessels, and the elements of a vascular tissue, though placed at an appreciable distance from the vessels, may still be organised and living structure, and within the dominion of the nutritive process. How far the sphere of nutrition may, in certain cases, be limited, is a question that still needs further investigation; in the cuticle, for example, and its appendages, the nails and hairs, which are placed on the surface of the body, we must suppose that the old and dry part, which is about to be thrown off or worn away, has passed out of the limits of nutritive influence; but to what distance beyond the vascular surface of the skin the province of nutrition extends, has not been determined."

We will only add, in conclusion, that the excellence of the paper and printing, and the number of admirable engravings with which the volume abounds, render it as attractive as it is useful.

Principles of Forensic Medicine. By WILLIAM A. GUY, M.B., Cantab.; Professor of Medicine, King's College, London; Physician to King's College Hospital, &c. &c. London: Renshaw, 1843. Part II. [Second Notice.]

We promised, in our last Number, to make a few additional remarks on Dr. Guy's work—a distinction which it amply deserves at our critical hands, no less on account of the number and value of the facts which it records, than of the originality with which they are treated. And, first of all, we wish to lay before our readers the following admirable summary of that autobiography which we spoke of, and which we believe is, for the first time, applied by Dr. Guy to the elucidation of the medico-legal relations of insanity. As he justly observes, it forms an admirable picture of *general* insanity, sketched to the life, by one who, of course, had better opportunities of knowing the disease than a mere observer could.

"This curious history forms the subject-matter of a work of nearly three hundred octavo pages, and is evidently written by one who has passed from well-marked mania through several stages of improvement to a state of comparative sanity. The history opens with an account of one of the most severe family afflictions which it could fall to the lot of man to suffer. He represents himself as having been brought up religiously, and as having strong religious feelings, but joined with all the inconsistency which too often accompanies a religion of feeling. He joins the so-called evangelical party, becomes a zealous preacher, and mistakes his zeal for a certain sign of election. Believing himself secure in his election, and trusting to be kept from sin by the Holy Spirit, he became, as he tells us, lukewarm and inconsistent, and fell into sin. Still zealous and enthusiastic, though strangely inconsistent, in his religion, he next, during earnest prayer, sees visions, 'pictures of what soon came to pass in reality, but with certain variations.' We next find him among the Rowites, listening to the unknown tongues, and soon exercising the gift of tongues himself, singing unintelligible nonsense in beautiful tones, which affected his mind greatly, or speaking under the supposed guidance of the Holy Spirit, which moved his arms and fingers, and guided him to distinct passages of the Bible in regular connection with his line of argument. Soon after this he is put under the care of a physician, and after a longer interval in confined in an asylum. At first we find him doubting his delusions and doubting his physicians, and his delusion forbidding him to trust to human means, while his reason insists on their efficacy; he halves the difference by taking half the physic which has been ordered him. Then he hears voices addressing him, and, believing them to be the voices of spirits, he gives himself up to their guidance, however ridiculous the things they bid him do. Now they put him in one absurd posture, then in another, making him turn round like a top, desiring him to leap over stiles, to suffocate himself with his pillow, and to wrestle with his keepers, and always with the notion that, by so doing, some great good is to be obtained—no less a good than his own salvation, and that of his fellow-creatures. The confusion into which he is thrown by the struggles between the absurd suggestions of his spirits and the faint glimmerings of his own reason, is dreadful, and he finishes one of them by inwardly cursing the Holy Trinity. All this time he seems to have doubted the reality of the voices and of the spirits, for he says, 'I had a species of doubt, but no one who has not been deranged can understand how dreadfully true a lunatic's insane imaginations appear to him, how slight his sane doubts.' As the confused workings of his mind are supposed to be the commands of spirits, so the sensations of his own body are falsely interpreted as parts of imaginary scenes, just as sensations occurring in sleep are known to be immediately worked up by the imagination into the texture of some improbable occurrence. All the faculties of his mind seem to suffer. The senses deceive him; he has false perceptions with regard to objects really existing, and sees, hears, and feels that which has no existence. His imagination, under the influence of his delusion, makes him the sport of a thousand fancies which sense and reason strive in vain to correct. If anything is difficult to explain, his delusion takes the office of interpreter; if anything appears absurd in action, his delusion was the cause of it. He resists his keepers, because his spirits tell him they wish it; he is taught that he can help a fellow-creature in distress by spinning round upon his heel; he throws himself upon the ground or over every stile he comes to, because to do such things in decision and precision is meritorious. The first truths which men in their senses believe, without being led to the belief by reason or sense, are by him disbelieved. He can be in many places at the same time—in Portugal and England, in Heaven and on earth; at one time he is himself the hero of a story which he has long before heard told in a foreign country, and

becomes the perpetrator of unheard-of enormities; at another he is being crucified in different parts of the earth at the same instant. His keepers at one moment are no less important personages than the Maker of all things, or the Saviour of mankind; at another he knows them for what they are, and complains of their cruelty towards him. His moral sense, too, is blighted, and all his natural affections perverted. His mother and family are the objects of his hatred and aversion, even at the time that they are giving proof of their affectionate care for him.

"Such is a well-marked example of general mania, presenting a wild confusion of mind and feeling, with one of the highest sentiments to which education and habit had given power, taking the lead of all the rest, giving its own coloring to every thought, and its own direction to every action. It is in this mixed and confused form that mania often presents itself: the intellect and the moral feelings suffering together, and the entire mind being the seat of strange and inexplicable confusion."—p. 236.

When speaking of the *plea of insanity in criminal cases*, the author shows the injustice of the manner in which the subject is treated by the lawyers:—

"In civil cases, if a man can be shown 'to be *non compos mentis*, the law avoids his act, though it cannot be traced to, or connected with, the morbid imagination which constitutes his disease, and which may be extremely partial in its influence upon his conduct.' This rule is very simple, and, if it err at all, it is on the side of safety. But in criminal cases, according to the highest and best legal authorities, it is not enough to prove a man *non compos;* but it must be shown that at the time he committed the act he did not know right from wrong. This is the received doctrine; but, as will be presently shown, the knowledge of right and wrong is not the only test which has been laid down. Now it is submitted that if the law in civil cases be right, the law in criminal cases must be wrong. If it be just to deprive a man of the management of his property on account of a delusion which has no immediate connexion with the affairs of business, ought not the same delusion which renders him incapable of civil acts, to render him also incapable of crimes? Does his delusion eclipse only half his mind? Has it not been abundantly shown that the madman's acts are as much the offspring of his delusion as his thought? Do not the same faculties concur in civil as in criminal acts? Is there not in both some wish, or emotion, or passion to originate the act, reason to plan it, and will to execute it? What ground is there for supposing that the hand which holds a pen is not moved by the same delusion with that which grasps a dagger? The civil acts of a madman are not void on account of the direct effect of his delusion upon them, but because there is no security that the influence of the delusion may not at any moment extend beyond the usual sphere of action. It is just so with his criminal acts. There can be no certainty that the delusion which ordinarily affects only the intellect, or shows itself in harmless peculiarities of conduct, will not lead to acts of atrocious violence."—p. 257.

After giving a slight historical sketch of the progress of opinion, from the time when it was laid down by Bracton, that madmen differ little from brutes, and by Lord Hale, that partial insanity is no excuse in the commission of any capital crime, to the time of Erskine, who showed that delusion is the true character of insanity, and that in order to render a madman irresponsible, it must be shown that his crime is the offspring of his delusion;—he grapples with the present generally received test, namely, that of *right and wrong*, which sprang up and superseded the test of delusion. He shows clearly enough not only that this test is impossible, because no man can take upon himself to decide the question, but also that madmen well know the criminal nature of the acts which, notwithstanding, they are impelled by their delusions to commit. This is proved by a quotation from Winslow:—

"When Martin set fire to York Minster, a conversation took place among the inmates of a neighbouring madhouse relating to the circumstance. The question discussed was, whether Martin would suffer the extreme penalty of the law for the crime? Various were the opinions expressed. In the midst of the conversation, one patient, apparently as mad as the rest, exclaimed, 'he (Martin) will not be hanged—of course he will escape.' 'For what reason?' asked several voices. 'They cannot hang him,' replied the lunatic, 'because he is mad—*he is one of ourselves!*'"—p. 235.

Respecting the propriety of keeping from the public mind as much as possible those details of disgusting and barbarous crimes which the vulgar can gather in such unhappy abundance from the newspapers, and which, like seed sown, produce a speedy crop of imitations, every one will agree with our author.

We must conclude this protracted notice by a recommendation of Dr. Guy's work to all our readers of every class.

Principles of Medicine; comprising General Pathology and Therapeutics, and a brief General View of Etiology, Nosology, Semeiology, Diagnosis, and Prognosis. By CHARLES J. B. WILLIAMS, M.D., F.R.S., &c. &c. London: John Churchill, 1843. 8vo., pp. 390.

This work of Professor Williams on the Principles of Medicine is of a description in which the medical literature of a former age was not deficient. In the so-called practical tendencies of the modern schools, the general doctrines of medical science have been too much lost sight of, and, with a few honorable exceptions, the attempts at classifying facts and reducing the knowledge deducible from them to principles, have been remarkable neither for frequency nor success. The increase of well-observed facts, the new modes of observation which the progress of knowledge has laid open to us, and especially the recent advances in chemical and microscopical research, by which the elementary composition and minute structure of organs, tissues, and humors, both

in health and disease, have been laid open to us, together with the accuracy introduced by statistical methods of inquiry, have so modified the very basis upon which medicine as a science must rest, that the older works of Sennert, Boerhaave, Gaubius, James Gregory, and others, however useful in their day, can no longer be received as guides to elementary instruction in the institutions or principles of medicine. Such a work, then, as that of Professor Williams, embodying, as it does, a full account of the recent additions to our knowledge, and bringing the subjects of general pathology and therapeutics up to the present state of medicine, cannot fail to be in the highest degree useful, both as a class-book to the student, and as a work of reference to the practitioner.

After the customary introductory matter, there are treated of in succession, under separate heads or chapters, 1, Etiology, or the Causes of Disease; 2, Functional Diseases, Primary Elements of Disease; 3, Proximate Elements of Disease; 4, Structural Diseases, or Diseases of Nutrition; 5, Classification, Symptoms, and Diagnosis; 6, Prognosis; and 7, Prophylaxis and Hygienics. With the exception of the last of these chapters, which contains nothing more than a brief indication or definition of what is meant by the terms, a sufficiently full account, brought up, as we have observed, to the present state of knowledge, is given of the several subjects treated of.

The following passage from the introduction so well illustrates the *cui bono* of the study of the principles of medicine, that we are induced to quote it at length:—

"The great proof of the practical utility of general pathology, is the aid which it gives in the study of clinical medicine, and the light which clinical medicine continually throws on it. The states which the practitioner has to treat are often too indefinite or too mixed to correspond with any of the definitions of special disease. They frequently consist of functional disorder, varying with time and circumstance, or changing its place, so as to present no fixed characters. But, compared by the pathologist with the standard of health, and analysed from their complexity, their nature becomes intelligible, and their proper treatment obvious, so far as means are possessed to counteract or control that which is wrong. Let us take one out of many examples. The disordered state of health, for treating which Mr. Abernethy gained such a reputation, is one of the commonest ailments we have to prescribe for; some call it, with Abernethy, 'all stomach;' others, 'liver;' others, 'a disordered constitution;' others, 'indigestion;' but however differently they may name it, few refuse to treat it, as Abernethy did, by regulated diet, blue pill, and mild saline aperients, repeatedly administered. Now, the pathologist analyses the symptoms of such a state, and in the white or yellowish furred tongue, morbid eructations, tender epigastrium, sometimes full right hypochondrium, with extended dulness on percussion, the discolored fæces, the high-colored and turbid urine, he finds proofs of congestion and disturbed secretion of the liver and upper part of the alimentary canal; and he recognises in the remedies employed means which, by increasing the secretions, relieve the congestion; and, if these fail, he can suggest other measures which he knows to be efficacious in removing congestion, and restoring the natural secretions."

In the chapter on Etiology, we find Professor Williams, in accordance with the views of modern pathologists, rejecting the ancient division of the causes of disease into remote and proximate, the latter being considered as the essential element of the morbid condition, rather than as a cause of that condition, and belonging, therefore, to another division of the subject. The remote causes are divided, as usual, into predisposing and exciting.

The second chapter commences with pointing out the more especial objects of pathology proper, divides diseases into functional and structural, and subdividing the former into primary and proximate, proceeds to the consideration of the primary elements of functional or dynamic diseases. These, according to Dr. Williams, are, diseased irritability, tonicity, sensibility, voluntary motion, reflex and sympathetic nervous influence, secretion, and diseases of the constituents of the blood, and morbid changes induced in it by changes in the functions of respiration, secretion, nutrition, and the introduction of foreign matters. These several morbid states are described as they result from excess, deficiency, or perversion of the natural function or condition; examples are given, and the general remedial measures fitted to counteract them briefly indicated. We cannot attempt to follow the author more minutely; but, as a specimen of the manner in which the summary of the remedial measures is drawn up, we subjoin the concluding passage of the chapter:—

"In the *treatment* of this element of disease—*foreign morbific matters in the blood*—the two indications which present themselves are—1, to counteract the injurious operation of these matters; and, 2, to expel them from the system. The first of these indications is followed, when we give stimulants to overcome the depressing influence of adynamic fevers and other sedative poisons, and when opium and other narcotics are administered where irritation prevails. We do not possess chemical antidotes which can act on the foreign matter in the blood without injuring the blood itself. The other indication is more generally pursued, although little recognised by practitioners—to expel the offending matter from the system. The excretory organs, especially the kidneys and alimentary canal, are the natural emunctories through which foreign and offending matters are expelled from the blood; and hence the utility of alterative aperients and diuretics in the treatment of fever, and other diseases connected with poison or injurious

matter in the blood. Orfila found that the pernicious effects of small repeated doses of arsenic in animals might be averted by giving at the same time a diuretic medicine. Let us bear in mind how often fevers and other serious ailments seem to be carried off by spontaneous diarrhœa, diuresis, or perspiration, and perhaps sometimes by these discharges artificially excited. Nor should a converse fact be overlooked, that persons affected with disease of the kidney (cacoplastic degeneration), which impairs its excernent function, are peculiarly liable to contract infectious diseases, and to suffer from their effects."

The third chapter takes up the consideration of the proximate elements of disease, which Professor Williams treats of under the heads of anæmia and hyperæmia, the latter being either general—plethora; local, with diminished motion—congestion; local, with increased motion—determination; or local, with motion partly increased, partly diminished—inflammation. In addition to these, there is a section on the consequences of hyperæmia, under which are classed hæmorrhage, flux, and dropsy.

The subject of inflammation, from its importance in itself, and the prominent place which it must occupy in any treatise on pathology, necessarily receives a considerable share of attention. Without attempting to go through it, which would far exceed the limits that we can devote to a notice of the entire work, we must content ourselves with a brief examination of the author's views on the phenomena and nature of this state. Professor Williams endeavours to draw the line between simple determination of blood, congestion, and inflammation. The first of these he defines, excess of blood in a part, with increased motion of that blood through it; the second, excess of blood, with diminished motion; the last, or inflammation, too much blood in a part, with motion partly increased, partly diminished. These definitions are subsequently commented upon as follows:—

"In determination of blood the arteries are enlarged, and so are the capillaries in due proportion; the circulation is, therefore, equally increased. In congestion the capillaries are enlarged, without any increase of the arteries; the motion is, therefore, impaired; but still, being gentle, it may diffuse itself through the mass, which moves slowly. But if to congested capillaries there be added the increased and abrupt force of the current from enlarged arteries, or if to determination of blood (enlarged arteries) an atonic congestion of the capillaries be joined, the propulsive power of the current will be impaired. * * * The blood will pulsate or oscillate in the distended vessels, rather than pass through them; and the main current will pass through collateral anastomosing channels, which become the seat of simple determination, or increased flow. This is just the state of things in the incipient stage of inflammation; and if either the capillaries do not speedily recover their tone, or the arteries do not contract, the blood in parts becomes stagnant, and coagulates, and the obstruction is confirmed. The arterial portions of some of the obstructed capillaries are still open, and exposed to the pulsative force from the supplying arteries, which continue to strain their coats, and cause an oscillatory motion of their blood particles, but no passage through them. Such are the phenomena which we see under the microscope."

From these observations, it will be seen that Professor Williams espouses the views long ago advocated by Dr. Hastings, in the introduction to his work on Bronchitis. The more definite observations which the increased facilities for microscopical researches have enabled various authors to make, while they carry us still further into the elementary nature of this and other pathological conditions, have added little to our knowledge of the manner in which the capillaries and the larger arteries are implicated in the process. The experiments and observations of Mr. Addison, on the changes presented by, and we believe we may say generated in, the blood itself, in its progress through an inflamed part, are certainly a step in advance; and we are glad to find Professor Williams doing justice to these, and confirming them by his own researches. From these experiments, and from the investigations of other observers in the same field, it would seem, as Dr. Williams states, "that an essential part of inflammation is the production of numerous white globules in the inflamed vessels." It is, however, not equally clear "that the obstruction of these vessels is mainly due to the adhesive quality of these globules." The colorless globules or corpuscles certainly appear in considerable numbers in irritated and inflamed blood-vessels, and may, with a little attention, be observed both in the blood drawn from the part, and in the capillaries themselves, adhering to their sides, as Dr. Williams remarks, and has figured in his somewhat exaggerated sketch.

We are not, however, disposed to receive the assumed adhesive quality of these globules as the cause of the obstruction; neither can we allow that the colorless corpuscles show any signs of a gelatinous consistence elsewhere ascribed to them. On the contrary, they appear to the eye of a practical observer to be of much firmer consistence than the ordinary red corpuscles, not yielding so readily to external forces, and, accordingly, more liable to be arrested in their course through the capillaries than the red corpuscles, which easily alter their shape, and adapt themselves with facility to the irregularities of the channel through which they are passing. When, therefore, a red corpuscle meets with any impediment in its course, it turns aside, becomes elongated, and usually glides past the obstruction; the colorless corpuscle, on the contrary, possessing no such flexibility, is at once arrested, and very frequently retained, not so much by any adhesive quality, as by its firmer and more unyielding nature. Thus, in their course through the capillaries, the colorless corpus-

cles are constantly withdrawn from the current, and arrested by the irregularities of the walls of these channels, and sometimes, as Mr. Addison has shown, transude through them, passing from the interior of the capillary channel, and becoming involved in the meshes of the reticulated tissue in which the capillary has its course, and of which also its walls apparently consist.

The whole subject is one of great interest, not only in its bearings on the nature of inflammation, but also in its relation to nutrition and secretion, and it is with regret that we are obliged to confine our remarks to so hurried a notice of it. We are, however, compelled to bring these observations to a close, contenting ourselves with merely pointing out the leading divisions of the remaining chapters of the work before us.

In Chapter IV. are considered the structural diseases, or diseases of nutrition, and, among these, hypertrophy; atrophy; induration and softening; transformation of tissues; morbid deposits; morbid growths, non-malignant and malignant; and disorders of mechanism. Chapter V. comprises the subjects of nosology, semeiology, and diagnosis; Chapter VI., prognosis and the terminations of disease, whether in recovery or various modes of death.

The entire work is one of no ordinary ability, and well sustains the reputation which its author has already acquired.

BIRMINGHAM PATHOLOGICAL SOCIETY.

May 6, 1843.

William Tarleton, Esq., in the Chair.

The whole of the evening having been given up, with the consent of the members, to the discussion of a motion connected with the private business of the society, no specimen was brought forward.

June 3, 1843.

James Russell, Esq., in the Chair.

Mr. Hodgson brought before the notice of the society some drawings illustrating the disease of the heart, a case of which Dr. Vaux had related to the society February 4, 1843, namely, aneurysm occupying the parietes of the heart itself.

The first drawing exhibited very great extension of the apex of the left ventricle, so as to form a pouch nearly as large as the natural cavity; the sac was filled with coagula and layers of fibrine, as in common aneurysm. The parietes of the heart at the diseased part were become so thin and attenuated, that little or no muscular structure could be seen, particularly at the apex, where there was no trace of it. Mr. Hodgson stated that the most frequent seat of the disease was the *left ventricle*, and more particularly the apex of the ventricle, though it did occur in other parts. This case showed the great extent to which the disease might proceed before death supervened.

Another drawing showed a sac attached to the side of the ventricle as large as the ventricle itself.

Mr. Hodgson thought that there were three states of the heart that might be considered as causes of this disease.

First, he thought the parietes of the heart might not be properly nourished. This, he considered, might be the cause of some of the diseases of this organ that were not easily otherwise accounted for. The state of the coronary arteries, as to their healthy structure, their size, and number of their branches, as well as the number of the coronary arteries themselves, whether only one or more, had, he was convinced, great influence in the production of what is called passive dilatation, and of other obscure affections. He mentioned the case of a gentleman who had long suffered from what is called angina, in whom there was passive dilatation of the heart to some extent; and on examination after death, only one coronary artery, and that a small one, was found. Sufficient attention to the number and state of these vessels was not, he thought, paid by those who had examined cases of this description.

A second form of disease, producing the affection under notice, was a conversion of the muscular structure of the heart into a tendinous substance; the parietes, instead of being muscular, were changed, as it were, into a tendinous expansion.

A third form of disease was a deposition in the parietes of the heart of a curdy or cheesy substance, which softened, caused abscess, and sometimes burst into the ventricle. The drawing exhibiting this state had been copied and published in Dr. Carswell's work.

Mr. Hodgson then showed a large gall-stone, the size of a date fruit, which he had with some difficulty removed from the rectum of an elderly lady, and in whom its presence had produced symptoms that led to the supposition of stricture of the rectum. On examination per anum, Mr. H. felt a hard substance, which he endeavoured to remove by his fingers, but could not, nor by the aid of a spoon; but on placing his two fingers in the vagina, and passing them up so as to reach beyond the substance, he, by steady continued pressure, at last succeeded in removing the hard obstruction, which proved to be a gall-stone. The lady had had symptoms of passing gall-stones nine years before, but had not lately suffered.

Mr. Hodgson said he had seen in several instances the passing of gall-stones produce a chronic peritonitis, though in many patients the presence of these substances was not known or suspected till after death. They did not cause any symptoms in general, except during their passage through the ducts.

Mr. Hodgson then showed the head of the tibia, which had been bisected to show the deposition of caseous matter in the medullary structure; and this, he was confident, occurred in nine cases out of ten of those called white swelling, described as disease of the synovial membrane, &c. In a person, many years an out-patient of the hospital, on removal of the limb the joint showed ulceration of cartilages and ligaments, and abscesses in other parts; but, on section of the bone, there were signs of chronic inflammation, deposition of lymph, abscesses, &c. In such cases the treatment should be directed to the state of the bone, not to the other structures of the joint; the constitution must be attended to, and perfect quiet of the

part insisted upon, with occasional local treatment by iodine applications. He would ask, what good could issues, setons, blisters, and the other violent means of counter-irritation, do in cases where the disease commenced, as he was confident it generally did in these cases, in the medullary membrane of the bone? He thought they were worse than useless; and this, he thought, was confirmed by what took place in these cases in the upper ranks of society, in whom, owing to their means of improvement in the state of the health, and the quiet that could be enjoined, the disease of the joint seldom went so far as to require amputation; in fact, they generally sooner or later did well.

Dr. Fletcher then exhibited to the society a portion of lung in which there was evidence of a cavity which had undergone the curative process, and was contracted, lined by a thick cartilaginous membrane, and filled up by cretaceous deposit.

Dr. Fletcher then brought before the notice of the society a portion of lung in which there was a large cavity, one portion of which had ulcerated through the parietal pleura, and communicated with the cellular tissue of the parietes of the chest, by which means air passed from the cavity into the cellular tissue of the chest, head, and upper extremities, and had been the cause of emphysema of these parts to a great extent during the three last weeks of the patient's life. This occurred in a patient of Mr. George Ekington's, who gave the specimen to Dr. Fletcher, and had allowed him to be present at the post-mortem examination.

Dr. Fletcher then presented the contents of the thorax, in which there was transposition of the heart to the right side of the chest, and a drawing representing the state of the parts. The specimen was taken from the patient, Edward Smith, whom Dr. Fletcher had brought before the society at its meeting in July, 1842, and, therefore, was the more interesting.

Case.—Edward Smith, aged twenty, became a patient at the General Dispensary in the month of May, 1842, suffering from great difficulty of breathing, and œdema of the extremities, to which he said he had been very subject during the winter months from his infancy. His lips were blue, and there was a blueness of the veins of the face, head, and neck, and generally over the body; the tongue was coated; the thirst great; the pulse quick and small; and his countenance was expressive of great anxiety.

On examination of the chest, its motions were equal in its whole extent. On percussion, the left side of the chest sounded rather clearer than the right, and there was no dulness in the usual situation of the heart, but a more extensive dulness than normal on the opposite side of the sternum marked the situation of this organ, which was further substantiated by its pulsations.

The respiration all over the chest was bronchial, accompanied with mucous rattle; and the pulsations of the heart were normal, but rather greater in impulse than natural.

Saline and aperient medicines were administered, and the chest was leeched and blistered, which in a short time afforded relief, and the respiration became free from bronchial rattles.

Several of these attacks he had during the winter months, and became very thin; and in consequence of pure air having formerly been very beneficial to him, his father was induced to change his residence, in the summer of 1842, to a more healthy part of the town, upon which he gained flesh, and appeared to enjoy comparatively very good health. He was careful in his diet, and drank freely of cream of tartar water.

He had a slight attack, in the autumn of 1842, of his usual bronchitis, which soon passed off.

Dec. 29, 1842. He again became a patient at the General Dispensary, and continued so without intermission until the time of his death. His symptoms were the usual ones of general bronchitis, but they appeared to have gained in obstinacy comparatively with what the patient had gained in strength. Leeches, blistering the chest, purgation, and expectorating medicines, were used without avail; grain doses of tartarised antimony, in camphor mixture, had no effect in reducing the disease. Anasarca came on to a considerable extent, and effusion into the cavities of the pleura; the right side of the chest became very dull on percussion, and the patient could only lie upon that side; the inferior portions of the left side of the chest were also dull when the patient was placed in the semi-erect position; circulation and respiration became very much impeded; the countenance much puffed and blue, and the patient, gradually and slowly asphyxiated, died on the morning of the 10th of April, 1843.

Post-mortem Examination, Twenty-one Hours after Death.

Body not decomposed, moderately fat, and generally œdematous.

Head not examined.

Abdomen.—Liver one-half larger than normal, and much congested in its venous hepatic system. Kidneys congested; otherwise healthy. Spleen, pancreas, stomach, and intestimes healthy. The peritoneal sac contained about three pints of fluid.

Chest.—The left lung generally emphysematous, and much increased in size, extending considerably over to the right side of the chest; it, together with the heart, which was situated on the right side of the sternum, occupying the whole of the anterior part of the chest. The upper half of the anterior part of the right side of the chest was occupied by the protruded portion of the left lung, and the lower half by the heart. A very small portion of the condensed right lung came into view at the extreme of the right side of the anterior part of the chest, between the heart and protruded left lung. The pleura of this lung was free from adhesions, but contained about a pint of clear serum. The right lung was considerably condensed, especially its middle lobe, and in the anterior portions of the superior and inferior lobes. As already intimated, the situation of these portions was occupied by the left lung and the heart; it occupied the posterior portion only of its side of the chest, but was pervious to air throughout its whole extent. Elongated and firm adhesions existed very generally throughout the pleura, which also contained a pint and a half of fluid. The heart was situated on the right of the sternum, occupying about the same position to the right as is usual for it to have on the left side of the chest; it was generally dilated, but

otherwise healthy. The pericardium contained about six ounces of fluid.

Dr. Fletcher said that the cause of this transposition of the heart, which, during the life of the patient, he had not been able to account for, was quite clear on the examination of the body; it must have resulted from a pleurisy in very early life—so early that the parents of the patient had not been aware of its existence, and so early that the mediastinum appears to have yielded to the pressure of the viscera of the opposite side of the chest, which passed over to fill up the vacuum caused by absorption of the fluid, which in ordinary cases is effected by a contraction and sinking in of the parietes of the chest of the side affected. Indeed, it is not improbable that this pleurisy took place during the intra-uterine existence of the patient, which may, perhaps, account for the non-contraction of the parietes of the side affected, owing to their being free from the influence of atmospheric pressure.

TREATMENT OF SCIATICA BY IRRITATION OF THE FOOT.

M. Caffe, at a meeting of the Society Médicale d'Emulation, on October 3, said that M. Quadri, the celebrated professor of ophthalmology, in the University of Naples, told him that Dr. Petrini, director of the surgical clinique of Aquilla, a town of the Abruzzi, published about six years ago a memoir, in which he made known a mode of treatment for sciatica. This mode consisted in applying an olive-shaped cautery, heated to a white heat, between the little toe of the diseased limb and the one next to it. This cautery ought to be applied to that part where the nerve bifurcates to furnish its collateral branches to the two last toes; and ought to be kept there for five or six seconds. The wound should then be dressed with simple cerate, and allowed to cicatrise.

A Capuchin monk, affected with sciatica, carried with him in his travels through various towns an instrument for this purpose.

Professor Quadri has often repeated this operation at Prati, in Tuscany, with great success.

These circumstances were brought to M. Caffe's memory by reading an article on the treatment of sciatica, in which mention was made of a woman of Cassano who had a great reputation for her success in its cure. The means which she employed consisted in the application of a certain herb to the foot which produced a sore. Various physicians, astonished at the results produced, took the trouble to find out that the remedy in question was the leaves of the *ranunculus sceleratus*, which, as every one knows, is a powerful vesicant.

Dr. Fioravante has employed common blistering plaister to the same part, with the happiest results. We spoke of his treatment in the last Number of the Provincial Journal.—*Gaz. des Hop.*, Nov. 25, 1843.

DEVELOPMENT OF MALIGNANT DISEASE.

The development of malignant disease seems to depend on a perversion of nutrition. The lymph which exudes through the capillaries, either in the ordinary course of nutrition, or through some accidental inflammation, appears to have its vitality perverted; so that instead of forming in itself the normal cells out of which the proper tissues of the body are developed, it forms the irregular abnormal cells, which constitute a malignant tissue.—*Mr. Druitt.*

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

November, 1843.

Mean of External Thermometer at 9, a.m.	47·65
,, ,, ,, at 9, p.m.	47·05
Maxima	53·34
Minima	39·75
Mean daily Range	13·40
Extreme Highest on the 7th	60·
,, Lowest on the 17th	31·25
,, Range	28·75
Mean Dew Point at 9, a.m.	44·06
,, ,, at 9, p.m.	41·95
Mean of Barometer at 9, a.m.	29·838
,, ,, at 9, p.m.	30·023
Extreme Highest on the 29th	30·500
,, Lowest on the 23rd	29·341
,, Range	1·15
Number of Days Fine	17
,, ,, on which any Rain fell	17
,, ,, Dull, no Fogs	8
,, ,, Variable	0
Quantity of Rain in Inches	3.70

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
1	1	—	—	2	9	3	14

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, December 1, 1843.

J. Clark, G. Orchard, C. Sutcliffe, J. Murphy, C. Watkins, A. A. Davenport, W. Hanrahan, K. Burton, A. Parr, C. Brunt, W. Spackman, A. N. Jones.

BOOKS RECEIVED.

The Phrenological Library: Gall on the Functions of the Brain. Parts II. and III. London: Berger.

Gonorrhœa and its Consequences; with a short Historical Sketch of the Venereal Disease. By J. B. Childs, M.R.C.S. London: Highley.

Matrimony; or, Phrenology and Physiology applied to the Selection of Partners for Life, &c. By O. G. Fowler, A.B. London: Berger.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

Sir John Fife's cases next week.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 168.] LONDON, SATURDAY, DECEMBER 16, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES

ON

VENEREAL AFFECTIONS,

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XVIII.

July 13, 1843.

Bubo: Four varieties of—1, *inflammatory bubo;* 2, *virulent bubo;* 3, *idiopathic bubo;* 4, *secondary bubo—Period of appearance of bubo—Diagnosis—Prognosis—Resolutive treatment—Treatment of the acute stage—Treatment of indolent bubo—Treatment of suppurated bubo.*

Gentlemen,—Syphilitic bubo is a symptom depending immediately upon chancre, and closely connected with it in its origin; I, therefore, term it a "symptom of succession." Like chancre, it yields an inoculable secretion. It derives its name from the Greek word signifying groin, although it may be seated in any other part of the body, provided the lymphatic glands of any such region communicate directly with the spot occupied by a chancre.

With regard to its anatomical seat, bubo may be found in the lymphatic vessels, more commonly in the lymphatic glands, occasionally in the cellular tissue alone, and mostly in both cellular and lymphatic tissues.

Bubo may be superficial or deep; on the same side as the chancre, or on the opposite; thus affording a practical proof, if any were now required, of the decussation of the lymphatics upon the mesial line. Now and then it may be confined to one side, or may occupy both.

I divide buboes in the following manner:—1, Inflammatory; 2, virulent; 3, idiopathic; 4, secondary.

1. *Inflammatory Bubo.*—Gonorrhœa and chancre may both give rise to it. But true gonorrhœa can produce no other, that is, can in no case occasion the development of an abscess containing chancrous, inoculable matter. As to chancre, like all local stimuli, like any common laceration of the genitals, the anus, or the lower extremity, it may produce a sympathetic irritation of the groin, the consequence of which will occasionally be simple, phlegmonous suppuration.

2. *Virulent Bubo* requires absolutely chancre as a precedent; and, from my experience in such matters, I am induced to believe that it succeeds only to non-indurated sores. The chief test of virulent bubo is inoculation of its secretion; and here artificial inoculation is generally needless, as the edges of the wound made by nature, or by the surgeon, for the excretion of the contents of the abscess, soon put on a characteristic appearance, from their contact with inoculable matter, and leave no doubt whatever as to their chancrous nature. A single well-authenticated case does not exist of virulent bubo where chancre did not previously occur.

3. *Idiopathic Bubo.*—I have no hesitation in asserting that in 999 cases out of 1000 of virulent bubo, a chancre will be found to coexist, or to have preceded at no distant date; and to explain the cases over which may hover the shadow of doubt, remains the possibility of anal or urethral chancre, the difficulty of recognising which may lead to involuntary error. As an example, I may refer to the case of one of my former pupils, one of the most intelligent surgeons I have met with, who found himself, to his great surprise, in possession of a syphilitic bubo in the groin, although complete and daily examination had convinced him that chancre of the genitals had not preceded. On examining with attention the urethra (from which came no discharge), he discovered, at one inch in depth, a sore, which was the true origin of this bubo, to all appearance *d'emblée*. From this and many other similar cases which have chanced to fall under my observation, I conclude that chancres unperceived, or wilfully concealed by the patient, are in number quite sufficient to account, in a satisfactory manner, for the few exceptional cases in which true specific bubo has been said to exist without a previous chancre.

4. *Secondary Bubo.*—Bubo, as a symptom of secondary syphilis, is very rare indeed. When it exists, it *never* secretes inoculable matter.

Period of Appearance of Bubo.—Ganglionic enlargement is very rare during the first six days which follow infection. I have seen it, on the other hand, occur at the fifth month of the existence of chancre of the genitals. A singular and important fact, which ought to shake the convictions of those who believe that virulent bubo may occur without previous chancre, is that it is always observed to appear from three to six weeks after the last sexual intercourse, a *lapse of time fully sufficient for the existence and cicatrisation of a chancre.*

Bubo may follow an acute or a chronic course.

At first, impeding more or less the movements of the corresponding limb, it forms a moveable tumor, independent of the skin or surrounding cellular tissue, to both of which it soon adheres, so as to acquire an immoveable basis, and to cause slight œdema and redness of the skin. This now becomes thinned, bursts, and gives passage to an inoculable pus.

Bubo may terminate in deliteseence, gradual absorption, suppuration, gangrene, ulceration, fistula, scrofulous or even cancerous degeneration.

The period of duration of bubo is unlimited.

Diagnosis.—Pelletan, Dupuytren, and many illus-

trious surgeons, have committed the error of confounding hernia with bubo, also with aneurysm. I mentioned, in a preceding lecture, that I was once myself on the point of puncturing an inflamed testis retained in the inguinal ring, under the mistaken impression that I had to do with a bubo. These errors proper attention will suffice to guard you from. I, therefore, shall not insist upon them, but hasten to the diagnosis of the various kinds of bubo.

How, then, can virulent bubo be distinguished from sympathetic inflammation of the groin?

Enough has been already said of the reliance to be placed upon the consideration of the character of the *infecting* person. The previous existence of chancre does not offer a more certain test, as it is impossible to tell whether chancre has acted in the capacity of a local stimulus, or as a special organ secreting inoculable matter.

Doubtless the previous existence of chancre will assist in forming a *probable* opinion, but can give no positive certainty of the nature of the unopened abscess.

I am powerfully assisted in such cases by the examination of the chancre which has given rise to the bubo. Indurated chancre seldom occasions syphilitic (*i. e.*, inoculable) abscess; on the contrary, the non-indurated sore frequently does.

If gonorrhœa accompanies a glandular inflammation of the groin, and if the discharge inoculated during the first week of its existence has given a negative result, the bubo may positively be pronounced *not* to be syphilitic. Should inoculation of the running *not* have been tried, or have been performed only after the first week of infection, a positive diagnosis is impossible, as chancre of the urethra may have existed.

Suppurated bubo is very rare in gonorrhœa; nothing is more common than suppurated abscess with chancre. On the other hand, buboes proceed more rapidly towards suppuration in gonorrhœa, when they do suppurate, than in chancre.

An entire series of inguinal tumors is every day referred to syphilis; albeit, they have no connection whatever with venery. I refer to *scrofulous bubo*. Deep-seated—so deep as to appear continuous with a similar disease of the pelvic glands, immoveable—occupying the whole groin—forming long cutaneous sinuses, with inverted edges, when they do suppurate, leaving after them the depressed cicatrices of scrofula—existing in cases where the genitals are perfectly healthy—coinciding with a scrofulous constitution, and not unfrequently with tubercular testis or pulmonary consumption—they cannot, without almost wilful error, be confounded with syphilitic tumors. In fact, so easy is their diagnosis founded upon the above signs, that, without ever being touched, they may in general be recognised *at a glance*. Such buboes are altogether independent of syphilis; and I conclude, from my observation of their frequency, that, as in children the neck, so in adults the groin, is the most common seat of scrofulous disease.

In the period of suppuration, the diagnosis of all varieties of bubo becomes an easy task. The pus of virulent bubo is always inoculable, and gives to the edges of the wound made by nature, or the surgeon for the opening of the abscess, the chancrous characters. These are never observed in the bubo of gonorrhœa.

Of late years M. Cullerier, in consequence of our many conversations on the subject, so far altered the previous opinions which he professed in the Dictionary, that he would no more give an opinion in a case of bubo, without inoculation of its contents.

The ganglion containing inoculable matter, determining around it a phlegmonous inflammation of the cellular tissue, thus often gives rise to a double concentric abscess; and it will frequently happen that when the skin is perforated, the pus which first escapes, belonging to the phlegmonous secretion, is not inoculable; but after two or three days, the ganglionic abscess bursting into the other, furnishes true chancrous, inoculable matter.

Prognosis.—Suppuration is rare in the bubo of gonorrhœa; but when it does occur, its progress is more rapid than in chancre. The bubo of indurated chancre hardly ever suppurates. This applies also to the tumors which follow gangrenous chancre.

The immobility of the tumor, its adhesion to the skin, render suppuration probable.

Resolution is very rare with the bubo of simple chancre.

But when, besides syphilis, another morbid element combines in the production of the ganglionic tumors, induration is the habitual termination.

The prognosis of the ulcer consequent upon virulent bubo is that of chancre. We have nothing to add to what has already been said on the subject.

As to malignant degeneration of the bubo, it is not a consequence of syphilis.

The chances of secondary syphilis are not in the least degree influenced by the presence of bubo. When the tumor suppurates, secondary symptoms do not usually supervene—a circumstance which led naturally to the old doctrine of promoting suppuration of the bubo. One moment's reflection will, however, be sufficient to show the fallacy of such a doctrine; for it is not *because the bubo suppurates* that secondary infection is observed, but the true reason is that the bubo does not soften because the patient is already infected.

Treatment.—The best prophylaxis is the early destruction (in the first week) of the ulcer which gives rise to bubo.

In *mere congestion* of the inguinal glands, the tumors may be dispersed. But should absorption of inoculable matter have taken place into the glands, suppuration is, in my opinion, inevitable. Absolute repose, ice, leeches applied around the bubo, are, however, the most advantageous modes of treatment, and may limit, if not dispel, the suppuration. With regard to the application of ice, I may remark that if the bubo diminishes during the first forty-eight hours of the application of cold, it may be persevered in; but if the tumor should not decrease, the ice cannot be continued with safety or utility.

On the first appearance of the swelling, compression is decidedly useful; hence the rare occurrence of bubo on the side on which the patient wears a well-made herniary truss.

A method which has of late years obtained much favor is the blister dressed after denudation of the

dermis with a scruple solution of corrosive sublimate. (Malapert and Reynaud.)

When this plan was first spoken of I applied it according to the direction of the inventors to *all buboes*, and found that the average of suppuration was about one-half. Subsequent observation again showed that, when this plan is not followed, *all buboes* being taken into account, one-half certainly escape without suppuration. The advantages of the method consequently sunk in my esteem. The application of bichloride is besides exquisitely painful, and causes in most cases indelible cicatrices. I therefore reject this plan as a general method, and prefer to it the subcutaneous division of the glands with a narrow blade.

Mercury, praised by J. Bell and Hunter, influences only those buboes which accompany indurated chancre, and is perhaps inert in all others.

Treatment of the Acute Period.—Absolute repose, leeches, poultices, mercurial ointment, and all the apparatus of antiphlogistic treatment, find here their application. Baths are not constantly of use, and their influence must be carefully watched. As to Malapert's method, although strongly recommended by its inventor, it is, in my opinion, to be altogether set aside at this period.

Indolent Bubo.—The application of leeches in small numbers, repeated at no very distant intervals, constitute an excellent discutient plan of treatment. Resolutive poultices, with oatmeal, warm bricks, blisters dressed with mercurial ointment and repeatedly applied over the tumor, and compression, should form the basis of the treatment. I use for the purpose of compression a wooden disc covered with leather, and fixed around the abdomen and thigh by means of a long strap and two buckles. The compression should be carried as far as it can *without pain*. Discutient frictions, with mercurial or stibiated ointments, and the plaster of *vigo cum mercurio* assist powerfully the cure.

If Malapert's method can ever be employed with reasonable hopes of success, I conceive it is particularly in this form of bubo.

Dr. Malgaigne recommends *crushing* the tumor, a practice which the vascular and nervous connexions of the bubo should dissuade you from.

The subcutaneous division of the tumor with a narrow bistoury is a method you have frequently seen me adopt. If the tumor is considerable, caustics, and especially the pâte de Vienna, may be resorted to for its destruction.

Suppurated Bubo.—In this form Malapert and Reynaud assert that the tissues become partially thickened from plastic exudation, and that the virulent pus is secreted through the skin by a kind of perspiratory action. I prefer the puncture with a knife, and the operation I perform at an early stage of suppuration.

I open the buboes by a large number of punctures, because it is impossible to assert the virulent or non-virulent nature of the pus before the abscess has been opened. In the first instance it is indifferent to me whether a large or a small opening be made, as a chancrous sore and a deformed cicatrix will inevitably occur; but in the latter, a long incision would leave an indelible trace, which is avoided by making numerous punctures.

A singular fact, the reason of which is not yet sufficiently apparent, is that a blistered surface around the bubo, although bathed with inoculable matter, hardly ever becomes chancrous.

As to the sores which are consequent upon syphilitic bubo, they are merely chancrous, and must be treated as such, according to the rules laid down in foregoing lectures.

NEWCASTLE-UPON-TYNE INFIRMARY.

SURGICAL CASES BY SIR JOHN FIFE.

[Reported by Mr. Williamson.]

CASE OF UNUNITED FRACTURE OF THE HUMERUS—EXCISION OF THE FRACTURED EXTREMITIES—CURE.

Robert Stewart, aged thirty-seven, a sailor, North Shields, was received into the Newcastle Infirmary, on October 20, 1843, under the care of Sir John Fife, with an ununited fracture of the humerus, commencing about half an inch below the insertion of the deltoid, and extending upwards into the axilla About seven months ago he fell into the hold of a ship, by which his arm was fractured. After the accident he was seen by a surgeon, who bandaged it in the usual manner.

After the lapse of a month or so the arm was quite straight, although weak, and the patient not being satisfied, went to get the advice of a *quack*, who twisted it, so that the new union gave way, and the bone has continued ununited ever since.

His habits are intemperate, and his health not good. On his reception he was ordered alterative and aperient medicines, to improve his general health.

Operation.

Oct. 31. The fracture was obliquely upward and inward, extending from a little below the insertion of the deltoid muscle to within one inch of the head of the humerus.

An incision was made on the anterior surface of the arm, in the line of the fracture, and the dissection was carried down between the deltoid and biceps muscles till the bone was exposed. The ends were then projected by a little pressure on the elbow, and the cartilaginous and rounded surfaces were removed by the cutting forceps; the bones were then reduced, and the wound closed by two sutures, adhesive straps and splints being applied to the arm as if for recent fracture.

Dec. 5. The bone is united, and he will shortly be able to use the limb.

CASE OF STONE IN THE BLADDER IN A BOY NINE YEARS' OLD—OPERATION—CURE.

Henry Patey, aged nine, healthy-looking, was admitted into the Newcastle-on-Tyne Infirmary on the 16th of November, 1843, under Sir John Fife, with stone in the bladder.

Previous History.—His grandmother has observed him to be unwell ever since he was two years of age; at that time he sometimes had difficulty in passing his urine. She observed him occasionally pulling at the extremity of his penis, but did not notice any mucous discharge from the urethra; the urine was of a dark brown color (somewhat resembling coffee); he had some medicines from a surgeon, which caused it to resume its healthy state; he had no pain in the back.

He remained with the above symptoms sometimes

with increase, sometimes the contrary, till about twelve months ago, when they became much aggravated.

Present Symptoms.—Severe pain along the penis, especially at the extremity of the glans; when passing urine, he introduces one of his fingers into the rectum, raises his pelvis, and throws the head backwards, which change of posture relieves him much; the stream generally stops before the contents of the bladder are expelled, the pain being then increased tenfold.

A sound was attempted to be introduced, but the effort failed, on account of the great irritability of the urethra and bladder. He was ordered to take a powder containing six grains of Dover's powder and two grains of calomel in the evening, a warm bath and three drachms of castor oil in the morning.

Nov. 19. A sound this morning was introduced by Sir John Fife with some difficulty, but with great gentleness, and a calculus was found.

21. Had an enema of soap at six o'clock, a.m., and a sedative draught half an hour before the operation.

Operation.

The boy expressed extreme terror, and violently resisted the application of the bandages. This, however, was effected, and the restlessness of the patient ceased on the first touch of the scalpel.

A free incision was made from the left side of the bulb of the urethra, past the tuberosity of the ischium; a second short incision deeper at the upper part of the wound; the urethra was then opened, and the knife passed along the grooved staff, nearly through the prostate. The forceps were then introduced, the stone readily caught, and cautiously extracted. It weighed six drachms two scruples and a few grains. The operation lasted about one minute and a quarter.

Evening. Has a little fever; was ordered a diaphoretic draught.

22. No pain; skin moist.

Dec. 4. The urine passes through the urethra, and the patient is nearly convalescent.

CASE OF SCIRRHUS OF THE BREAST—OPERATION—CURE.

Mary Thompson, aged thirty-nine, unmarried, of a sallow complexion, was received into the Newcastle-upon-Tyne Infirmary on Nov. 16, 1843, under the care of Sir John Fife, with scirrhus mammæ of the right side.

History.—About twelve months ago had severe lancinating pains in the part extending through the shoulders and down the arms, which caused the latter to swell; after the lapse of three months the breast in one part felt hard, the pain continued much about the same, and the tumor has been gradually increasing.

The tumor is about the size of a split orange. It strongly adheres to the aponeurosis of the pectoralis major muscle; the induration appeared great, the color livid, and the surface slightly tucked in, or corrugated in places. One lymphatic gland was enlarged far up in the axilla, and felt obscurely.

The external incisions were free, and made in the usual manner, and the breast was soon removed, the dissection of the deeper parts being made from below upwards. On elevating and dissecting out the gland, others in a state of disease were discovered behind it, which were removed; the hæmorrhage was great, and the bleeding points so deep as to render the tying of the vessels very difficult. Sir J. F. obviated the difficulty by elevating the elastic structures with one tenaculum, and then catching the bleeding vessel with another.

The wound was dressed with wet lint, after several sutures had been inserted.

Nov. 25. Doing well.

Dec. 4. Quite well.

CASE OF MEDULLARY SARCOMA OF THE TESTIS: EXTIRPATION—IMMEDIATE RETURN OF THE DISEASE—DEATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I am not aware the following case presents anything new, yet, should you think it of sufficient interest, I will thank you to insert it in your valuable Journal, as it may serve to show how little good may be expected by removing diseases of a malignant character.

I remain, Gentlemen,
Your obedient servant,
JOHN HILL.

South Cave, Dec. 1, 1843.

James Reed, aged thirty-four years, of delicate complexion, applied to me in the month of June last, on account of a swelling of the right testicle.

He states that about twelve or thirteen months ago he first noticed the scrotum to become enlarged, and distended with what he then thought was water; it was unattended with pain or external inflammation. About two months afterwards he felt a heavy dragging pain running from the testicle along the chord into the abdomen, which was most acute when in the stooping position. The enlargement continued to increase in size for some months, although the pain was not so severe as to prevent him following his ordinary occupation, which was that of an agricultural laborer. In the month of April he was thrown from a cart, and received a considerable concussion on the back, soon after which he found the testicle to become inflamed, accompanied with shooting and lancinating pains, which compelled him to give up work. His general health continued good; he ate and slept well, the part being easier when in the recumbent position.

July 1. The tumor is now large, of a pyramidal form, irregular to the feel, but perfectly elastic; the skin discolored, of a dark dingy hue, and no transparency; has no pain on examining the part, but complains of its *weight*, and pain in the back; the chord is considerably thickened, but not so high up as where it enters the inguinal canal. At the earnest entreaties of the poor man, who felt desirous something should be done for his relief, as the dragging was insupportable, I consented to remove the diseased part.

12. The operation for castration was performed in the usual manner; the edges of the wound were

brought together by sutures and adhesive plaster, covered with a light dressing; there was not much blood lost. The weight of the diseased testicle was seventeen ounces, and presents an excellent specimen of the disease.

13. Passed a good night; no thirst, fever, or pain in the wound.

17. The wound was dressed, and adhesion, by the first intention, had taken place nearly two-thirds of its length.

20. The wound nearly closed; in every respect going on well.

24. The ligatures came away, and the man was walking about the village; appetite good; bowels open; and countenance cheerful.

On the 30th my attention was directed to a small fungus, about the size of a pea, at the lower part of the wound, which had been healed a few days, to which I applied the nitrate of silver. Two days afterwards it was considerably larger, and at the expiration of a week had attained the size of an orange. Its growth was now most rapid, and ultimately became so large as to rest on either thigh. There was no vascularity in it; hence it had a most disagreeable, fætid, and almost insupportable odor, and was of a dark color. The health became but little affected until about the middle of August. He then had loss of appetite, cold perspirations, &c. &c., but continued until the 17th of September, when death relieved him from his sufferings. There was no hæmorrhage, save once, and that very slight, the consequence of an accidental blow.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, DECEMBER 16, 1843.

One of the main characteristics which has ever distinguished those engaged in the practice of the healing art, is a consideration for the welfare and an endeavour to alleviate the sufferings of those who, from the pressure of outward calamity, are unable to provide for themselves. In advocating from time to time those measures more immediately connected with our own department which have a tendency to ameliorate the condition of the poorer classes of the community, we are assured that we carry with us the feelings of our readers, and we shall not hesitate, therefore, to proceed in the same course, whenever circumstances appear to call for renewed or additional observations on any of the questions connected with the public health. These questions, important as they are to all classes, have an especial bearing on the comfort and prosperity of the poor. They are also not only within the province of the medical man, but as respects the poor seem to be handed over to his sole care; for in all that concerns the due provision of relief for the working classes, whether in the treatment or the prevention of disease, the so-called guardians of the poor are but too often deserving only of the name of guardians of the pockets of the rate-payers.

We shall shortly have to examine the subject of medical relief under the Poor-law Act more at large; at present it is intended to direct attention to some of those points connected with the prevention of disease, which for their satisfactory elucidation require the adoption of a very different system than any which has hitherto been had recourse to in this country. It is singularly unfortunate that the country in which some of the causes of disease—we allude to those which take their origin in densely congregated masses of population—are most rife, should be almost the only civilised state in which the necessary preventive measures are allowed to pass wholly unprovided for. The investigations which have been instituted within the last four or five years will, it is to be hoped, lead to the removal of this reproach upon the administration of our internal affairs; and while ample testimony is borne to the admirable regulations for the relief of the sick and wounded whom the fortunes of war bring under our control at the very extremities of the habitable globe, the historian of the coming age will not have to record it against us that the provisions necessary for the health and welfare of those who are the very sinews of the state—the operative classes among our own population—have been altogether neglected.

Our thoughts have been directed into this channel, on the present occasion, by the perusal of an abstract of a very able paper "On the Relative Sanatory Influences of Town and Country," lately read by Mr. Noble before the Royal Manchester Institution. We shall offer no apology for quoting from this paper, as every opinion advanced in it is well weighed, and the result of careful research and accurate statistical information.

"Every being endowed with life," says Mr. Noble, "has its organisation so constructed as to establish it in definite relation to the medium in which it is situated, in such a manner as that its functions shall more or less be impeded, or prejudiced, if the outward conditions incur deterioration. Vegetables and animals are alike subject to this law. With excellence of soil and purity of air, the former flourish and exhibit profusion; and, with an opposite state of things, they wither in sterility and prematurely die. These are facts not only known, but matters of experience to every one. The law, less obvious in its results, is, however, not the less potent in the instance of animal life. The surface of the earth, when undrained and uncleansed, surcharges the atmosphere with moisture, and pollutes it by noxious exhalations, and the undue aggregation of individuals in close and ill-ventilated habitations, hardly ever accessible to the solar ray, destroys more or less that quality in the atmosphere upon which its life-supporting property depends. Health and life, though demanding many other circumstances for their perfection, require, however, most indispensably that the functions of the

lungs and the skin should rightly be discharged; by the former, that of respiration, not only is the animal heat maintained, but moreover materials of waste are eliminated from the system, and to this latter result the function of the skin, the cutaneous transpiration, contributes in great part. In the morning of existence, when the Almighty had completed the work of his hands, and pronounced all to be very good, man, as his aptest location, was placed in a garden, that is to say, in a situation where the air was without taint, and vegetation flourished in luxuriance; where respiration and transpiration should go on without let, and where he (creation's lord) should retain his primeval excellence physically as well as morally; in one word it was the country that was chosen for man's dwelling-place by the all-wise Creator. And here, as in every other instance, the truths of science in their successive development do but corroborate, and render more clear to us the justice and benevolence of God's providence as made known to us in holy writ. For no conclusion of experience is more decisive than that it is the country which is most conducive to vigor of health and to the prolongation of existence; and further, that as individuals become aggregated, as dense and largely populated districts arise, as regions of the earth depart from that state of things comprehended in the term 'country,' and lapse into that understood when we speak of 'town,' nothing is more sure than that the health and the vigor of the species incur deterioration, and that the average duration of human life sustains diminution."

In short, God made the country, man made the town; and the former is redolent of the perfections and beneficence of its all-wise Creator; the latter as strongly exhibits the sad effects which result from the accumulated vices of the fallen architect of his own misfortunes.

The effects of congregated masses of individuals on the general fatality of disease are well shown in Mr. Farr's admirable Letter to the Registrar-General, printed in the Second Annual Report of that officer. In this report it is clearly shown that the mortality from epidemic, endemic, and contagious diseases is nearly double in a town population as compared with that from the same class of diseases in a country population. A corresponding result is observed also in certain sporadic diseases, and especially in those of the nervous system, of the organs of circulation, of the digestive organs, of the organs of locomotion, and of the integumentary system. The proportionate mortality from diseases of the respiratory organs is about one-third greater in towns than it is in country districts. It should be borne in mind, however, that although the mortality attending a given disease, whether in town or country, affords an indication of its relative severity, and possibly also of its relative prevalence, it by no means affords an absolute measure of the same, nor of the manifold evils which result to the families of those who fall victims, and to the future health and comfort of the far more numerous individuals who survive the attack of disease and its immediate consequences.

That the mortality of large and densely congregated masses of population is in some measure independent of the occupations of those so situated, at least that it does not wholly result from them, is proved by a very instructive table of the mortality of females in ten divisions of England, published in the Fourth Annual Report of the Registrar-General. From this table, it results that the combined effect of the several causes of fatal disease, in operation in manufacturing districts, is greater upon the female population than the effect of the causes of fatal disease prevailing in agricultural districts. Thus the ratio of mortality amongst the female population in Cheshire and Lancashire is very considerably higher than in Sussex, Hampshire, Berkshire, and parts of Surrey and Kent; while that the effect is not attributable to differences of temperature, is shown by the ratio of mortality of the female population in the northern district of Northumberland, Cumberland, Westmoreland, and Durham, being also comparatively low, that is, below the mean of the whole of England, exclusive of the metropolis. This prevalence of mortality, disease, and the consequent suffering and destitution, falls mainly upon the operative classes, that is, upon those who are unable to quit the scene of their misery, or to provide the means for its alleviation. Surely, then, it is the part of a wise and efficient system of government to take such steps as shall make known the extent of the evil, reveal its causes, and, as far as practicable, devise an appropriate remedy.

That the lamentable results, so often and so forcibly pourtrayed by various writers, are more to be attributed to the want of fitting regulations under which large masses of people should alone be allowed to congregate, can now scarcely be denied. We hear much of the miserable state of the peasantry in foreign countries; their wretched habitations, distinguished only by the absence of every comfort; their coarse and impoverished diet; their moral degradation; but they have the forest and the mountain to resort to for exercise and employment, with the air in all its freshness and the light of day to labor in, and, though their gains are small, they are certain and steady, and their wants few; while the occasionally destitute and too often dissolute inhabitants of many of our large towns are crowded into damp and dark cellars, having all the wretchedness of the mud-walled hut, without the freshness and purity of atmosphere in which such dwellings are elsewhere located. It is here that the fertile sources of disease and death are to be sought for in our large towns; and it is to the prohibition of underground dens as places of habitation, to the removal of nuisances of every degree of abomination, to efficient drainage, to thorough ventilation, and to the free admission of light amongst the dwellings and

workshops of our operative population, that we must look for improvement in their physical and social condition.

We shall conclude these observations with another extract from Mr. Noble's paper; first, because it relates to a branch of the subject to which the attention of government seems to be at last aroused; secondly, because it is illustrative of the position we have endeavoured to establish; and, thirdly, because it tends to remove a selfish fallacy in which the Malthusian is too apt to indulge—that infant life is the only sacrifice.

" In furtherance, then, of the objects of the government inquiry, a selection was made of such streets in Manchester as presented an aggregate of conditions presumed to be least favorable to the duration of life; these being the narrow, badly-paved, and uncleansed localities, where the houses were dark and ill-ventilated, abounding in cellars as places of separate habitation, and the whole crowded with human beings in most deleterious and undue proportion. It has been ascertained that, in these districts, the mean duration of human life is only 15 years and 4 months; the ages of all the persons dying in these places for the period of four years—1838, 39, 40, and 41—and including nearly two thousand instances, having been added up, and the sum of the whole divided by the number of deaths, yielding the figure just mentioned as the average age of death. The numerical relation between this mortality and the amount of population in which it occurred, could not be ascertained. The brevity of life prevailing in this illustration will be appreciated on a comparison with what obtains in the township of Manchester at large, that is to say, in the registration districts of Ancoats, St. George's, London Road, Market-street, and Deansgate, in the aggregate, to the exclusion of the out-districts, so called, of this union, and of Ardwick, Chorlton-upon-Medlock, Hulme, and Salford. The average age of death, in the whole township, then, is 18, nearly three years higher than in those parts selected for the wretchedness of their physical condition. In Manchester, on an average of the last five years, and taking the population returns of 1841, the deaths to the whole number of inhabitants are as 1 annually to 28¼. Let us now extend the inquiry in the rural direction. In the out-townships of Newton, Bradford, and Beswick, belonging to this union, the mean duration of life is two years and a half higher than in Manchester, or 20½ years, and the proportion of deaths annually to the inhabitants as 1 to 41¾. Failsworth and Moston, somewhat more in the country, furnish 23½ as the average age of death; and the rate of mortality is as 1 in 54¾. Cheetham and Crumpsall, whose advantageous physical condition seems to be both known and appreciated, yield 24½ as the expectation of life; and 1 death annually occurs for every 52 of the inhabitants. Prestwich, with Great and Little Heaton, seems more favorable to the duration of life than any other district of the Manchester union; for here, 27 appears to be the average age of death; the annual mortality, however, during the last five years, having been as 1 to 44. These figures exhibit, certainly, evidence of the most decisive character with respect to the greater relative salubrity of the country; and they, in all respects, correspond in principle with the results obtained wherever this mode of investigation has been prosecuted. It is a curious and an interesting circumstance to find, from the registration records, that atmospheric causes influence the mortality as well as the sickness of a population, with much differential results, mainly in infancy; for herein the anticipations of many writers on such questions as the present receive ample confirmation. The late Mr. Sadler, in his profound and erudite work on population, states that 'the difference in these ratios of mortality falls principally upon the first stage of life—very early infancy. Thus, we learn from Major Graunt, Dr. Price, Dr. Short, Dr. Black, and almost every writer who has accurately attended to the subject, that, after that period, the chance of living, or the duration of life, is nearly, if not altogether, as favorable in towns as in country places.' These remarks of Mr. Sadler will apparently receive corroboration from certain statements which I shall presently make; but yet I conceive, for reasons which I shall adduce in the sequel, that there lurks a fallacy when the deduction is made, that 'the chance of living is as favorable in towns as in country places' after childhood. With a view of putting this matter to the test, in some degree, the average ages of the dying, in the various divisions of this union have been obtained, to the exclusion of all deceased before the completion of their fifth year. The result is such as to show that, if tender infancy, with all its perils, be passed through, the mean duration of life varies but little in town and country districts. I am not aware that the fact has been previously exhibited so distinctly in figures. In the worst conditioned streets in Manchester township, 736 deaths occurred in the years 1838, 1839, 40, and 41, to individuals who had entered upon, or passed, their sixth year, and at an average age of 40; in the out-townships of Newton, Bradford, and Beswick, within the same period, and with the like limitation, there were 354, at an average age of 40⅝; in Failsworth and Newton, 204 at 39½; in Cheetham and Crumpsall, 308 at 42; and in Prestwich, with Great and Little Heaton, 209 took place at the average age of 45½ years. From the above statements it will be seen, that the variation in the mean duration of life in town and country is comparatively unimportant, if the children dying below five years of age be excluded from the estimate; and this circumstance, at first sight, would appear to demonstrate the accuracy of Mr. Sadler's conjecture, that the town was as favorable to longevity as the country, the period of infancy once passed. This, however, upon reflection, will be discovered to involve a fallacy. Whilst in towns nearly all the decidedly feeble constitutions are swept away in the first stages of existence, in country places numberless delicate individuals are reared, and attain adolescence, or even adult age, who, had their lot been cast in towns, would have perished in early childhood. Thus it happens, that, when we compare the average age of death in the country with that which obtains in towns, we have, by omission of the younger children, a much larger proportion of *naturally* strong constitutions to deal with in the former case than in the latter; and

in striking the average for country places, the deaths of many of the delicate in early adult or adolescent life (who, in towns, would have disappeared before the completion of their fifth year) necessarily depress the resultant figure. It would, indeed, violate every known analogy in physiology, and, moreover, contradict the simplest experience of every day, should it appear that, whilst ordinary health sustains prejudice, and recovery from almost every disease is rendered unusually difficult in a town atmosphere, little or nothing was subtracted from the gross sum of human existence under this influence. Every consideration, however, which can be made to bear upon this subject leads decidedly to the inference that, in whatever instance long life in a densely populated and generally ill-conditioned locality be enjoyed, a still greater longevity would have been attained in a well-chosen rural district. Such is, most assuredly, the relatively high sanatory influence of country."

REVIEWS.

Introduction to the Study and Practice of Midwifery. By WILLIAM CAMPBELL, late Surgeon R.N., &c. &c.; and by ALEXANDER D. CAMPBELL, B.A., &c. &c. Edinburgh: Whyte and Co., 1843. 8vo. pp. 798.

The work before us is a handsome volume, moderate in price, printed boldly, and written in a lucid, unostentatious style. According to the author, it "embraces an ample consideration of the anatomy and physiology of the female genitals in the unimpregnated and gravid states, of the medico-legal questions connected with them, of the operative departments of midwifery, and of the pathology and treatment of the diseases incident to women and children."

The work appears eminently of a practical character, and, to use the authors' words, "except in contested and doubtful questions, quotations and reference to authorities have been avoided as much as possible." They say that "they may probably be censured for not having added numerous explanatory plates; but, after the most mature consideration, they doubt the expediency of embellishments. Although diagrams of structure, and of the steps to be pursued in surgical operations, may be very necessary to refresh the memory of a surgeon who is, perhaps, but rarely called upon to operate, and not in a situation to renew, from time to time, his knowledge of anatomy, yet the obstetric practitioner is in a widely different position, since, after his attendance on courses of lectures, properly illustrated by preparations and machinery, and after he has devoted, with sufficient industry, a suitable period to the acquisition of clinical experience, his duties become so familiar to him, either from their being very simple, or from his being frequently called upon to perform them, that he rarely, if ever, thinks it necessary to consult plates or diagrams."

We are not going to quarrel with the authors for this or any other mere opinion. We willingly acknowledge the value and utility of their production; yet we cannot altogether give up our own idea of the utility of engravings, when confined to subjects that really admit of illustration, and not extended to mere trivialities, that everybody can understand without them. Young men are often called upon to attend midwifery cases long before they have had the advantages of lectures, preparations, and machinery, and, in fact, without any other aid than a few hasty instructions from their master, and the assistance of a friendly nurse. To such young men, a clear practical work like the present is invaluable; but yet they might find engravings a useful addition.

Not, however, to dwell too long on a mere logomachy, let us briefly give our readers some idea of the plan and contents of Dr. Campbell's work. The *first* part treats of the anatomy and physiology of the organs concerned in midwifery, and the consideration of such points of legal medicine as are connected with it; the *second*, of parturition; the *third*, of the puerperal state, of the diseases of the unimpregnated state, and of the signs and pathology of the gravid state; the *fourth*, of the diseases of infancy and childhood.

In the chapter on the physiology of menstruation, after detailing various opinions which have been held, from the time of Aristotle downwards, as to the nature and causes of this periodic discharge, they observe,—

"Somewhat recently it has been advanced that the catamenia are the result of uterine stimulation, arising from the descent of Graafian vesicles. In opposition to this fanciful hypothesis, it may be objected—1, that, according to our present physiological knowledge, Graafian vesicles, or their contents, may be carried into the uterus after the passions have at any time been excited, while in females who are healthy, and of regular habits, the catamenia are periodical; 2, that in prostitutes, in whom, from frequent sexual intercourse, the Graafian vesicles would be exhausted in a very short space of time, the menses continue to flow for as long a period as in chaste females; and, 3, that in matrons of regular habits, this function continues to recur regularly for years after they have ceased to be productive, and after the Graafian vesicles have been, perhaps, exhausted."—p. 53.

On the subject of the duration of pregnancy, our authors very properly deny that it is always limited to a given number of days or weeks, and give four cases in confirmation of their opinion:—

"In one of them pregnancy was protracted eleven days; in a second, thirteen; in a third, a month; in a fourth, nearly two calendar months. The two last cases were attended by several corroborating circumstances; both the individuals were respectable, and each had been patients of the author in six previous deliveries. They quickened at the usual period, and they had been accustomed to give birth to large infants; but, on the occasions referred to, the chil-

dren were so much more developed than those that preceded them, that their parents suffered severely during labor. In one of these cases forceps were required to terminate the delivery, although on all former occasions the labor was easy. In the second patient, the infant was so large at birth that it has ever since been designated the giant. This lady became obstructed on the 20th of March, 1835, and was delivered on the 17th of February, 1836."—p. 80.

That part of the work which is devoted to embryology and zoology appears to be clear, well arranged, and to present a carefully condensed view of the researches of Barry and other minute observers.

The following extract, relative to a disease on which much has lately been written in this Journal, will be interesting:—

"In the autumn of 1821 the author attended the dissection of a woman who died of puerperal fever after an abortion of the early months; removed the pelvic viscera and external parts, and carried the whole in his coat pocket to the class-room; the next morning, dressed in the same clothes, he assisted with some of his pupils at an instrumental delivery in Bridewell: this woman was seized with this affection, and died. The same night he accompanied Dr. Orr to the delivery of a female residing in the north back of the Canongate, who was equally unfortunate; and three other poor women shared the same fate in quick succession. Similar instances of misfortune occurred in his practice in 1823, when he was called, by two of his assistants, to an instrumental delivery at Cannon Mills. This woman took the disease, and died, though at the time the author had no other cases. He assisted at the dissection; but, from the indigence of the people, and from their inability to furnish clean napkins, he did not wash his hands with the care he desired, and went, without further attention, on his arrival home, to visit two patients in labor, from whom urgent messages had been received; and both of them were seized with the disease, and died. Other medical men in Edinburgh, who experienced misfortunes of a similar nature, were thence convinced of the infectious character of the disease, and for a time relinquished midwifery practice altogether. The author, however, from having to superintend the instruction of his pupils, could not adopt this alternative, even if he had been inclined, but continued his avocations; yet, in due time, the scourge disappeared from his practice."—p. 429.

Dr. Campbell, however, is not inclined to believe that the disease is *infectious*—at least, in the ordinary sense of that term.

"To speak from what occurred within the sphere of his own observation, the author does not think the result of his experience is calculated to afford much support to the doctrine of infection. The epidemic, in which he acquired the greater part of his information, commenced in Edinburgh during the spring of 1821, and continued to prevail in various degrees of violence for more than three years, for the greater part of which time the deliveries by his pupils generally amounted to two daily, and sometimes even to five, six, or seven; and although himself and his assistants were in the constant practice of being present, and aiding the young gentlemen, and that, too, while they had patients affected with puerperal fever under their superintendence, not more than about one in ten were seized with it. And when the author states that neither he nor those who assisted him adopted any precautions to prevent the dissemination of the disease, or its being conveyed from one patient to another; that almost all those who were attacked in his practice were among the poor; that many of them were destitute of the ordinary comforts of life—as changes of linen and proper nourishment; and that nearly all of them resided in quarters of the town, the stench of which, from want of ventilation and cleanliness, was intolerable; it will surely be admitted that, if the malady be infectious, such a principle can only exist in a mild degree, since, although every circumstance was so favorable for its generation on the occasion in question, so few, however, were seized with it. Were the infection so powerful as some of the supporters of this doctrine have supposed, the disease would, in a large town, commit great ravages in a short space of time; since, from the intimate and extensive intercourse between the poor, it could not fail to be rapidly and extensively ramified."—p. 430.

But, although not conceding the infectiousness of the disease in the strict sense of the term, he yet believes that it "may be engendered by the transference of morbid matter, or some other principle, from a diseased to a sound body, either in consequence of a practitioner having assisted at a dissection, or in dressing ill-conditioned sores, and going immediately thereafter to attend a female in labor."

The authors do not seem to comprehend the real *essence* of the disease, nor do they notice the overwhelming evidence in proof of its dependence on a vitiated state of the blood. Yet, under the two heads of *inflammatory* and *typhoid*, under which they include the varieties of the disease, they say almost as much to the purpose respecting the treatment as could be said by the most refined pathologist; which is, unluckily, little enough. Yet they lay more stress on the utility of local depletion than appears necessary to those who think the disease something more than a local inflammation, be it of whatever tissue.

We will only observe, in conclusion, that the work before us, from the comprehensive range of subjects which it treats of, forms a useful book of reference for the student and young practitioner.

The Sources of Physical Science; being an Introduction to the Study of Physiology through Physics; comprising the Connection of the several Departments of Physical Science, their Dependance on the same Laws, and the Relation of the Material to the Immaterial. By Alfred Smee, F.R.S., Surgeon to the Bank of England, &c. London: Renshaw, 1843. pp. 296.

Mr. Smee tells us in his preface that it had long been "a favorite subject with him to endeavour to investigate the physical structure of man, and to endeavour to unravel the mysterious means by which

all physical forces, when acting on the human frame, are converted into nervous impressions. To conduct such an inquiry, it became necessary to examine the sources from which the several departments of research, constituting physical science, have their origin."

For this purpose he intended to draw up a sketch of physical science, which might be prefixed to his physiological inquiries, in the form of an introductory chapter; but the length to which this chapter extended induced him to publish it as a separate volume.

The work before us, then, contains a condensed view of the physical sciences, exhibiting the nature and mutual relations of the various divisions of those sciences, and attempting to show the real nature of those forces, such as electricity, magnetism, &c., by which matter is commonly said to be acted upon, and which have often been treated as so many independent existences by various philosophers.

Since Mr. Smee's work is valuable, not only because it treats of a considerable number of interesting facts, but (which is of much more importance) because it furnishes a most agreeable exercise for the intellect, by setting previously known facts in new aspects, by furnishing new ideas of the properties of matter, and exhibiting an admirable simplicity and concord, where before reigned mystery and confusion, we shall make no apology for laying before our readers a rather extended analysis of it, in order that they may form their own judgment of the author's success in his arduous undertaking.

The first chapter treats of matter, number, and attraction; and first, what is matter?—how is it comprehended?

"Man," says Mr. Smee, "being composed of the material and the immaterial, of body and soul, can have no distinct idea of anything not partaking of his own constitution. He can form no conception of matter without that which gives it properties, nor can he understand that which gives it properties without the matter. * * * * That which men call matter is known by its properties; so that the term matter is given to anything which exerts these peculiar properties. * * * * All the properties or influences of matter are dependant on an ultimate property, which confers a power whereby two particles or portions of matter are drawn towards each other by a force exerted in a particular direction."

But it may be said that it is necessary to prove that matter really exists—that what we call the effects and properties of matter are something more than the results of a visionary *dynamis*.

"Ingenious persons," says our author, "speculating upon the properties of matter independently of the thing itself, have persuaded themselves, with some show of reason, that matter has no existence. Their minds have, however, been led astray by their mode of arriving at their conclusions. They have not commenced with a sound definition of what we designate matter. *Defining matter to be that which attracts*, and allowing attraction to be its test, obviates all difficulty."—p. 3.

Having next spoken of the origin, meaning, and right use of those terms, which denote the abstract properties of matter, and having treated of the nature of matter, with a glance at the question whether it comprises one element only under a diversity of forms, or whether there really are as many elements as there are bodies yet undecompounded by the skill of the chemist, he then treats of number, that is to say, the abstract idea of a series of particles; and thus, in the first chapter, he has considered the three points which he assumes as fundamentals—that is to say, matter, attraction, and number—from which all physical forces and conditions of existence are derived.

In the second chapter Mr. Smee treats of the "science of matter under attraction," and he proceeds to show that the *power of attraction* (which has been described as the primitive property of matter and the test of its existence) *being exerted with various degrees of energy upon various numbers of atoms, and in various directions, gives to masses of matter all the properties which they apparently possess.* We may observe, *en passant*, that Mr. Smee gives no credence to the existence of any of the so-called *imponderable* substances. He treats the idea of the separate existence of heat, light, electricity, magnetism, &c., as a palpable absurdity, and contends that each of these terms merely refers to one class of actions or effects produced by the attraction of matter exerted in various manners.

In discussing the science of matter under attraction, one of the first points to be noticed is the manner of estimating the force with which any two particles of matter are attracted together, and of comparing that with the force of other attractions. On this point, observes our author—

"As we have not the power of appreciating the units, or atoms of matter, we have not the means of obtaining a perfect unit of the force of attraction. The only absolute unit of this power would be the force of attraction exerted between two ultimate particles of matter, an unit which we can never hope to obtain.

"As we have not the power of using the primitive atoms of matter, we take a given mass, and assume that to be an unit. The force exerted between this mass and the whole bulk of the earth at the level of the sea is then obtained. This is assumed as an unit of force which is called an unit of weight, and to which all other weights are referred."—p. 22.

"In our artificial standards of weight the unit is the grain, which is the force of attraction of a cubic inch of water to the earth at the temperature 62, barometer 30, divided by 252·5. * * * It has been recommended, and perhaps is preferable, to take any piece of matter and assume its weight as an arbitrary standard, for philosophers disagree as to the

true weight of a cubic inch of water, or indeed of any other body. The utmost limit to human ingenuity in weighing is about 1-10000th part of our comparative unit of weight, or grain; but in this quantity so many circumstances lead to error as to render the result very unsatisfactory. The finger held over a scale, which by its warmth causes currents which exert a force contrary to that of the earth, will materially influence the result in very small weights. I have tried this experiment with an excellent pair of scales, made for the Bank of England by Mr. Bate, and found a most sensible disturbance of the equilibrium of the balance when the finger was held half an inch above one of the scale pans."—p. 24.

The next point which Mr. Smee adverts to is the fact that the force of attraction is always exerted in a peculiar direction, a series of which attractions constitutes polarity; and "this peculiarity in the direction of the force, whereby attraction is exerted, is of fundamental importance, for it enables us to oppose one attraction by another. This opposition of attraction enables us to effect decomposition, disintegration, and to give rise to the phenomena of heat, light, sound, &c., at will."

The author now proceeds to examine *seriatim* the various properties of matter, and to show how they are derived from simple attraction; and the first of those which he touches upon is what is called *impenetrability*, which literally means that two bodies cannot occupy the same space at the same time. This he explains thus:—

"The reason why impenetrability is conferred on matter by the act of attraction is perfectly evident, if the mode of the generation of attraction be carefully examined. The attraction being exerted in a certain direction, one particle of matter, although capable of being attracted so as to adhere firmly to a second portion, would, if the second passed into the first, instantly be destroyed, because the direction of attraction exerted in one atom would oppose, neutralise, or counterbalance the attraction in the other. The attraction, therefore, between two atoms is most violent at contact, but ceases upon one having a tendency to pass into the other. The above observations will be rendered perfectly intelligible by the following notation:—

NP NP
O O

"If the two O O represent the two atoms, and the NP NP the ends of the forces with which they are held together, then the very moment one atom had a tendency to pass into the other, the two 'N' or the two 'P' would oppose each other; upon that account the two particles would be firmly attracted till they came in contact, but no further."—p. 26.

Having briefly alluded to *shape*, he next comes to the *volume* of bodies, which he shows to be far from an inherent fixed property, but merely to depend on the energy with which attraction is exerted. "We have no proof that matter possesses any absolute volume, for, under different circumstances, the same number of particles exhibits very various volumes."

"Volume, from the above consideration, seems rather a negative than a positive quality. It is the absence, or the comparative absence, of attraction, for as the force increases, the volume diminishes. The advantages of thus viewing the nature of volume are multifold. It does not require the creation of "repulsion" to separate particles attracted together, and it overcomes numerous difficulties which arise from the assumption of a certain size to the ultimate particles of matter. From this view, which is forced upon us from multitudinous evidence, one atom of matter, if alone, and unacted upon by any other atom, would fill the universe."—p. 28.

He next speaks of the science by which size and measure are estimated. The following observations, on the impossibility of finding a standard unit of measure, are interesting enough:—

"But as our organs of sense cannot appreciate the ultimate particles of matter, we never can arrive at, or obtain, an absolute standard of size; on this account we are compelled to take a certain piece of matter under definite conditions of attraction as unity, and by multiplying or sub-multiplying it we obtain all other measures proportionate to that unit. The legislature formerly thought fit to take three barley-corns from the middle of the ear, from which they formed a measure called an inch. Of course an unit derived from anything so uncertain as three barley-corns is most unsatisfactory, for every measure thus made would doubtless vary.

"The greatest anxiety has been felt by all nations to find some unit of length to which at any time posterity might be enabled to refer all future measures, but we have already seen that philosophers have been attempting an impossibility. The French have taken that quadrant of the meridian which passes through Fontenara and Greenwich, the middle of which is in the 45th degree of latitude. This measure they have divided into ten million parts, each part of which they constitute a comparative unit. In assuming this measure, it is perfectly impossible exactly to obtain the greater measure to divide, and even, in fact, we do not know whether the earth, in a series of ages, may not slightly alter in form. The English have assumed the length of the pendulum vibrating seconds in a particular latitude as a unit of measure, but that assumption is highly objectionable, because it infers the existence of something absolute in time, which is not the fact. It, moreover, first requires us to ascertain or determine the duration of a second, which will be as difficult for posterity as the determination of a measure for length. The length of the pendulum vibrating seconds appears to vary not only in the same latitude, but even slightly, from some unknown causes, in nearly the same spot; and, moreover, no two pendulums, of as nearly the same length as human ingenuity can form them, will vibrate in exactly the same time. The best mode of making and maintaining a new standard of measure for this country has lately occupied the attention of the government and philosophers, in consequence of the former standards having been destroyed by fire in the Houses of Parliament. Although three or four sets of these standards were then made with the utmost human skill, philosophers cannot determine that these duplicates are exactly similar

to those destroyed. This forms an excellent practical proof, not only of the impossibility of possessing an absolute standard, but also the impracticability of using it if we obtained it; because, as we are unable to weigh below 1-10000th of a grain, so we are incompetent to measure below a certain amount. Probably, in measuring, we can obtain rough results to the 1-10000000th of an inch, but as the measures decrease in length, so the errors increase, as all measurements must only be regarded as rough comparative approximations to truth.

"Under these circumstances, we find that our standards are purely arbitrary, and, therefore, the best mode that can be adopted is, to take any arbitrary length, which should be as near the inch now adopted as possible. This measure we should constitute our arbitrary unit, or inch, to which all other measures should be referred. Several copies, that is, as near as human ingenuity and skill can make copies, should then be formed, and deposited in various places of security for reference. This artificial unit, moreover, should be compared by different observers, and by different instruments, with all the most fixed things in the material world, so that if, by any accident, the primitive artificial standard was lost, posterity might be enabled to compare their measures with ours, and though, doubtless, they would never be able to obtain the exact relative size of our standard, yet they would be able, for all practical purposes, to have ample knowledge of our measures. All other measures would be obtained either by multiplying the inch, or expressing the relation in fractional parts of it."—p. 34.

Referring to the same point, he observes, further on:—

"Our standard inch is no longer of the same length, and therefore not an inch if the temperature varies ever so little from that point at which the standard was assumed; but let the temperature vary ever so much, the number of particles cannot be multiplied or diminished, it is only the size that varies. In conducting the ordnance survey of England, the measures were obliged to be most carefully adjusted for temperature or variation in the thermometer. So also in adjusting the standard bushel, the difficulty was found to be extreme, for it was found that the heat caused by a human body coming near so large a bulk caused a sensible alteration in its exact size."—p. 39.

Having then spoken of the abstract ideas of length, breadth, cube, and other geometrical properties of matter, he passes on to *cohesion*—a state in which a number of particles of the same kind of matter are attracted together into a mass.

"Bodies," he observes, "in a state of cohesion resist the action of other bodies presented to them to an extent proportionate to that cohesion. Lead, in an extremely divided state, burns vividly upon simple exposure to atmospheric air, whilst the same metal in a state of cohesion, or in a rolled malleable state, undergoes but little change from long exposure. Spongy platinum, and other metals in a finely divided state, also have very different properties from the same metals in a state of cohesion. There is no more curious instance of the effects of cohesion than in the varieties of coke; for when tinder, the slightest spark will inflame it; when soft coke, it readily burns; when hard coke, it can scarcely be made to ignite; but when a diamond, it requires a skilful chemist to inflame."—p. 44.

The threefold state in which bodies may exist—solid, liquid, or gaseous; the various properties depending on the degree of attraction—such as hardness, softness, &c., are next spoken of in order; and the author having brought before our notice that attraction exerted between particles of dissimilar matter known as *chemical affinity;*—the remainder of the chapter is occupied with the subjects of atomic weight, heterogeneous and capillary adhesion, endosmosis, the attractions of gravitation and magnetism—all of which topics are set forth in an equally novel, clear, and simple manner. But we must hasten onwards from these to the third chapter, on the *sciences of the disturbance of attraction*—including electricity, mechanics, hydrostatics, and pneumatics.

"We have shown the mode in which attraction gives quality by chemical affinity; quantity, by the union of many atoms; form, by the mode in which the particles are united; size, by the intensity of the attractive force; and, lastly, position of masses by gravitation."—p. 70.

And we now have to see how these attractions may be disturbed or destroyed by other attractions, acting in an opposite direction.

In the study of the disturbance of attractions, he begins with considering the effects produced on a compound consisting of two elements, when a third body is presented to it, which abstracts and combines with one element, setting the other free.

Such a circle of atoms is called a *voltaic circuit*, and the apparatus in which the action is performed, a *voltaic battery*.

The decomposable substance, which forms the basis of the battery, is called an *electrolyte*, and the substance which decomposes it, by exerting a strong attraction on one of its elements, is called the *positive element* of the battery. The simplest idea of a voltaic circuit is presented by a particle of water and a particle of zinc; in which the zinc presenting an attraction for oxygen in the reverse direction to that of the hydrogen, the former unites with the metal, the latter is given off. But—

"Had we no means of increasing the length of the interval between the abstraction of one element of the electrolyte, by the new attraction exerted between it and the positive pole and the evolution of the second element, voltaic batteries would be but of little advantage. But we have the power of increasing this interval indefinitely; sometimes miles intervene between those two points.

"The mode in which we increase this interval depends upon the power of the new attraction exerted between the zinc and oxygen of the water, to propagate the tendency to the destruction of the old attrac-

tions of hydrogen and oxygen through a series of particles of fluid. A second point is then placed, at which the hydrogen, or second element, may be evolved. This second point is the negative element."—p. 75.

We thus see that the *positive* pole or element is the source of all the phenomena manifested in the voltaic circuit. The degree of their energy is the degree of chemical attraction exerted between that positive pole and one element of the electrolyte. Whatever can be an obstacle to chemical affinity can also be an obstacle to voltaic action.

These obstacles may be briefly stated thus:

First, there is the previous attraction existing between the two elements of the electrolyte to be overcome. The best way of countervailing this seems to be (supposing water the electrolyte as it generally is), to place at the negative pole some substance, holding oxygen in a loose state of combination, with which the hydrogen may combine at the amount of its liberation; so that the hydrogen, finding a new affinity exerted towards it, may be more ready to relinquish its oxygen to the zinc. This is the theory of Professor Daniell's battery, in which sulphate of copper is placed at the negative pole, and is reduced by the nascent hydrogen, and of Mr. Grove's, in which the same purpose is effected by nitric acid.

A second and third obstacle are offered by the force with which the particles of fluid are kept in their situation, and by the force with which the particles of metal cohere.

A fourth is frequently presented by the formation of a new compound at the positive pole (sulphate of zinc) which prevents the zinc from coming into contact with the electrolyte.

Hence it is evident that the measure of the intensity of the voltaic circuit is equal to the excess of the attraction of the positive pole for one element of the electrolyte, over the force exerted by these impediments.

Mr. Smee next speaks of the compound voltaic battery—disposes very summarily of that theory which attributes the production of electrical effects to the contact of metals, and mentions the mode in which the voltaic force effects the decomposition of binary compounds in a state of solution; and then treats at some length of *tension*, that is to say, "a desire for action ungratified"—a force contending with obstacles, ready to act, but not actually in action.

The effects of tension may arise from a variety of causes, since it is always produced when a new attraction is offered, which is counteracted by a previously existing one. The *electrical machine* is the instrument by which the greatest amount of tension is procurable.

"The electrical tension generated by the machine arises from friction. Friction, we shall hereafter show, is the result of force—force of some new attractions. Friction, therefore, being derived primarily from attraction, may counterbalance other attractions. In the electrifying machine, and all its analogues, where friction is exerted, there must be more or less tendency to the destruction of the attractions. This tendency may be called the desire for action, which is opposed by the attraction of cohesion; this desire for action is the tension."—p. 90.

The theory of the electrical machine, and the phenomena commonly said to arise from *induction* of electricity, having been disposed of, our author passes to a stupendous chain of phenomena, depending on the same principle, of which we extract his explanation at some length:—

"Having considered galvanic tension and frictional tension, we have next to describe lightning tension. The tension in this case is evidenced between the surface of the earth on one hand, and a cloud on the other, the air being the imperfect conductor, at the surfaces of which the ends of the tension are manifested, that is, one surface is positive, and the other negative. The attraction which is the source of the tension, perhaps present facts have hardly sufficiently proved. Still, when we perceive that a rapid formation of clouds, of rain, and even hail, always accompany the phenomena, we shall not, probably, much err in attributing the effects to the sudden attraction of aqueous vapor into cloud, rain, or hail. This new attraction, acting upon the air as a non-conductor, causes a polarity of that air, which is communicated between the surface of the cloud on one hand, and that of the earth on the other. Such a mode of the formation of a thunder-cloud agrees well with the natural phenomena. It is apparent, from such a cause, that the entire surface of the cloud on the one hand, and the surface of the earth opposed to it on the other, would be in a state of high tension—a result which is in perfect accordance with the fact.

"The electrical power capable of being exerted between the cloud and the earth is enormous. The intensity is so great, that it is capable of passing through a thousand feet, or more, of air during the discharge. The quantity is equally vast; for the cloud and tension may be exerted over very many square miles, occasionally even for 100 square miles. The electrical effects being equal to the intensity (1000 feet of air) multiplied by the quantity (100 square miles), will produce a result which, when compared with the power of an enormous Leyden jar, the intensity of which (half-inch air) is multiplied by 100 square feet, shows so wide a difference that a comparison can scarcely be made. This difference, while it shows to the presumptuous philosopher the vanity and impossibility of attempting to produce this great phenomenon of nature, yet it amply demonstrates to those who undervalue scientific investigation how, by paying attention to minute experiments in the laboratory, the operations of nature may be explained and comprehended. The lightning-cloud almost invariably appears when rain follows long-continued easterly winds, which render the air and earth exceedingly dry; but occasionally the lightning-cloud is formed when the surface of the earth is

saturated with wet, and the air highly hygometric. In this latter case, a dense cloud is generally seen to form in the atmosphere without any apparent cause; with the utmost rapidity, and within a few minutes, and sometimes within a few seconds of its appearance, hail, rain, and lightning follow.

"The lightning cloud sometimes expands itself nearly at the place where it is first formed; and in this case, perhaps, the cloud and earth are in an uniformly opposite state, which would have the effect, by virtue of the attraction of oppositely electrified surfaces, of causing the cloud to be retained in its position. Sometimes, however, without any wind, the cloud takes a rapid travelling fit, crossing England in a few minutes, and paying our French neighbours a visit, as we find by the account in the papers the next day, striking and carrying devastation in its progress. Sometimes the cloud will travel away for two or three hours and then travel back; sometimes it will take a circular motion, and, in fact, the freaks which a travelling cloud will pay are innumerable. The travelling cloud may possibly owe its properties to an unequal tension at different parts; for if one end of the cloud, or the entire cloud, had an attraction to the earth under this end, and in advance of it, the cloud would be drawn towards that part; but as there is a force which resists its direct downward attraction to the earth, it moves in the diagonal of the force tending to raise the cloud, and the force drawing all the cloud to one point, when a motion more or less rapid must be the result. In this case we must suppose that the earth under one end of the cloud as it advances immediately assumes a violent tension."—p. 102.

The subjects next considered are the effects of the tensive electricity exhibited by the thermo-electric and magneto-electric apparatus, and by the hydro-electric apparatus, in which the force is generated apparently by the friction of steam, a gigantic specimen of which is exhibited at the Royal Polytechnic Institution. The remainder of the chapter is devoted to dynamics—force, its origin, and various modes of adaptation to the wants of mankind. But this we pass over, in order to arrive at Chapter IV., on the *sciences of actions and reactions*.

Action is the exertion of new attractions; reaction, the tendency to the maintenance of old ones. When these two forces are nearly balanced, *vibrations* ensue. Here let us show our author's idea of the nature of *time*, and its essential dependance on matter. He observes, first of all, how fortunate it is for the œconomy of the world that attractions meet with opposition.

"Former attractions act as an impediment to the exertions of the new ones; the energy of the desire for combustion, of carbon for oxygen in our fires is held at bay by the former attraction of the particles of coal, which is gradually and progressively overcome. Our fires, therefore, burn regularly and steadily, our candles with slowness and precision, and all other actions, even to the railway engine, take place with an energy proportionate to the resistance of the new action which causes the effect.

"The energy with which a new attraction overcomes an old one is called the time of its performance; and, conversely, the energy of the resistance to a new action by an old one is called the time at the attempt of performance. Time, therefore, is the abstract idea of the energy of an action and reaction. Time is, therefore, a strictly material property. Without matter we could not have time, and even with matter the phenomenon of time requires for its manifestation some new attraction to overcome an old one. The tendency of the action of the new attraction to overcome the old one is called the commencement of an unit of time; the actual performance of the new attraction, after the destruction of the old one, or the actual resistance of the new attraction by the old one, is called the termination of an unit of time. The absolute performance or resistance of a new action, that is, its commencement and termination, constitutes an event, and, according to the energy of this event, it is said to be of shorter or longer duration."—p. 161.

Having thus shown time to be a material property, its abstract idea to be that of resistance to an action, and having treated of the instruments for its measurement, he next reviews the effects produced by matter when under the influence of conflicting forces.

"Having seen the conditions of matter in a quiet state, we have next to examine its properties when in commotion; and the sciences of commotion, or rather of actions and reactions, which now fall under our notice, are respectively those of heat, light, sound, and scent. All these terms are abstract ideas of material actions and reactions, and there is no imponderable or essence in either heat, light, sound, or scent, to which matter owes its power of being hot, illuminated, noisy, or odoriferous."—p. 172.

The first of these sciences is that of *heat*, which he believes to consist in a peculiar vibrating condition of bodies, caused by the conflict of new attractions seeking to overcome former ones.

"We find if we take a review of all sources of heat, the phenomenon is owing to some new attraction acting on a body, the particles of which are held together by former attractions. A hot body is, therefore, a body whose attractions are interfered with by other attractions, and heat is the abstract term of this disturbance of attractions in a particular manner."—p. 173.

The *sources of heat* next come under consideration; and, firstly, those of the heat exhibited during electrical phenomena; then a much more familiar and important source.

"The next source of heat after that derived from new attractions producing electrical forces, is that derived from the attraction of chemical affinity. The phenomenon of heat is not manifested by the chemical union of any two bodies, if the combination takes place without being impeded by the other attractions, or if the other attractions are quietly destroyed. If the combination takes place with great energy, however, the rapid tendency to the destruction of attractions, reacting against the desire for maintaining

them, give rise again to the phenomenon called heat. In the combustion of coals, the rapid desire for the particles of coal to unite with the oxygen of the air, acting upon the desire of the particles to maintain their old attraction of cohesion, causes that heat to be manifested which so comforts and cheers us in our dreary winter's night."—p.176.

After describing the other sources of heat, and treating of its properties and conduction, &c., which are clearly and minutely detailed, he passes to light and sound, which, like heat, depend on certain classes of vibrations, perceptible by certain of our organs of sense. Odor he supposes (but does not actually affirm) to depend, in all probability, on a like cause, rather than on an emission of corporeal particles.

He shows that an infinite number of these interesting, sense-affecting actions, may be going on in the universe continually, which our organs are not fitted to recognise. We cannot discern the sights and smells which are at once perceptible to the dog or hawk; and no doubt there is an unseen world, of countless sights and sounds, hidden to us, but revealed to higher intelligences. Thus the teaching of philosophy is that also of religion.

Thus we can understand how the seer, "falling into a trance, and having his eyes opened," could discern the horses and chariots of fire encamped about the tents of the righteous; how the harmonious movements of the universe may be attended with music, inaudible to mortal ears, since the time when the foundations of the earth were laid; "when the morning stars sang together, and all the sons of God shouted for joy."

> "When hill and watery cove
> With modulated echoes rang,
> Whilst choirs of fervent angels sang
> Their vespers in the grove;
> Or crowning, starlike, each some favorite height,
> Warbled to heaven above, and earth beneath
> Strains suitable to both."

But time warns us to draw our review to a conclusion. We cannot follow our author through the chapter in which he gives an analysis of human operations, nor through the admirable concluding chapter, in which, by a previously untrodden path of argument (independent of that from design), he demonstrates, as far as human reason can demonstrate, the existence and attributes of the all-wise, immortal, and invisible Ruler of the Universe. We trust we have said enough to show our readers the scope of the work, and the course of argument it embraces; whilst the extracts we have made will show it not to be devoid of interest and amusement. If we may recapitulate, we may observe that he commences with three fundamentals,—*matter—attraction*, the test of matter—and *number;*—particles of matter being *attracted together* give rise to form, volume, cohesion, adhesion, position;—peculiarity in the *direction of attraction* causes crystallisation, polarity, magnetism; attraction acting on attracted matter causes *tension* and *force;*—force, by *destroying attractions*, causes decomposition and the phenomena of electricity;—the effects of force, counteracted by the *resistance of existing attractions*, produce time, and vibrations; whose results are heat, light, sound, and perhaps odor.

We will not attempt to pass a formal decision on the value of Mr. Smee's work. Divorced, as we have long been, by the active pursuits of every-day professional life, from the intimate study of those physical sciences which formed the basis of our professional knowledge, we do not feel competent to judge of it in all its details. Amidst such an extensive collection of facts and doctrines, involving, as they do, the whole range of creation, minute and laborious critics may, very possibly, find some facts misstated, some relations misapprehended, some arguments not quite conclusive. But, for our own parts, we will only speak of the gratification we have derived from its original views, its ample generalisations, its comprehensive scope, its intelligible arrangement, its lucid style, the admirable manner in which each link in the chain of argument clings to that which precedes it, and supports that which follows. If we dared, we would predict for it almost the same rank in the science of physics that Liebig's works have assumed in chemistry. But, at all events, it will justly procure for its author whatever reputation is due to vigorous intellect, original invention, and extensive acquirements.

BIRMINGHAM PATHOLOGICAL SOCIETY.

July 1, 1843.

— Dufton, Esq., in the Chair.

Mr. Crompton brought before the society a specimen of fungoid disease of the testicle, which had been removed by Mr. Wood at the General Hospital, and read the following notes of the case, which had been taken and supplied to him by Mr. Yates:—

Joseph Pitman, aged thirty-two, married, by trade a carpenter, a spare man, with haggard countenance, has been laboring under his present malady for a period of nine months. At the beginning he perceived a soft swelling at the lower part of the left testis, about the size of a marble, and in appearance simulating the lower end of an egg. The pain which at the same time he experienced was acute and burning, did not affect this swelling, but attacked the whole testis of the left side and spermatic cord, extending to the left loin, and outer part of the thigh. Leeches were applied to the testis with relief. Three months after, the swelling had arrived at about the size of a duck egg, but the pain continued much the same; leeches were frequently applied, and an antiphlogistic regimen adopted; profuse perspirations, and diarrhœa ensued. The swelling gradually increased till the last month. His habits have always been moderate. The whole scrotum is occupied by an ovoid tumor, hard and

elastic, and adherent to the integuments. Its longitudinal diameter measures eleven inches and a half; the transverse, at its most prominent parts, the same. The right testis, occupying the upper and posterior portion of the left side of the scrotum, is concealed by the tumor in the natural position of the parts. The spermatic cord and inguinal glands are not enlarged. Cutaneous veins ramify on the scrotum. He experiences a sensation of weight between the thighs, but no pain in the tumor. He has a dull aching pain in the left loin, a very slight pain in the left spermatic cord on pressure, and in the outer part of the thigh. Virility extinct; appetite good; bowels confined; tongue rather red at apex; pulse 100, feeble. The tumor, on being punctured, gave exit to a few drops of blood. The epidydymis cannot be distinguished. The right testicle feels softer than natural.

Dr. Fletcher brought forward a preparation, which belonged to Mr. James Wilkes, of Stafford, and had been taken from a patient who was under the care of Mr. George Elkington. It was one in which Fallopian pregnancy had occurred, and consequent rupture of the dilated tube at about two months. It showed also dilatation of the uterus to about half above its normal size; its cavity lined with deciduous membrane; its mouth closed, and filled up with the usual gelatinous secretion. The ovary, corresponding to the ruptured Fallopian tube, showed also the corpus luteum, round, and about half an inch in diameter.

The patient died from peritonitis three days after, having experienced a severe lancinating pain in the situation of the rupture of the Fallopian tube, accompanied with faintings and severe constitutional depression. She was known to be pregnant about two months, and the cause of her illness was presumed.

Dr. Fletcher then brought before the society a complete ovum, of about six weeks, showing the flocculent state of the chorion. This also belonged to Mr. Wilkes, of Stafford.

Dr. Fletcher then exhibited a specimen of a portion of the stomach, in which there was dilatation of a branch of the splenic artery, which had been greatly distended, and afterwards ruptured, and had been the cause of a fatal hæmatemesis. The case had occurred in the practice of Mr. Wilkes, and the specimen belonged to him.

Dr. Fletcher then brought forward a specimen of aneurysmal dilatation of the arch of the aorta, which had burst into the œsophagus by sloughing, and had produced fatal vomiting of blood. In this case the disease was not known during the life of the patient, who had never complained of any inconvenience she had experienced. She was a pauper, and appeared to have undergone both fatigue and privation. An account of this case is published in the "Transactions of the Medical and Surgical Association," Vol. IX., p. 487, by Mr. Ryland, who gave the specimen to Mr. Wilkes.

RETROSPECT
OF THE
MEDICAL SCIENCES.

ANTAGONISM OF TYPHOID AND INTERMITTENT FEVERS.

At the séance of the Academie de Médicine on 21st November, a letter was read from M. Boudin, chief physician to the Military Hospital at Versailles, of which we extract the following summary from the "Gazette Médicale" of Nov. 25:—

There is going on at this moment, under the very walls of Paris, a pathological phenomenon, which sheds no small light on one of the most important and deeply-agitated medical questions of the present day.

There are, by chance, at Courbevoie, one league from Paris, in the same barrack, two infantry regiments, which, since their *reunion*, have perpetually presented the most opposite pathological diathesis.

Thus, one of these regiments, the 23rd, affords plenty of cases of typhoid fever, and scarcely any of intermittent; whilst the other, the 69th, has for the last seven months kept the hospital at Versailles full of intermittent cases, but has only presented two cases of typhoid fever.

Since the *existing* hygienic conditions of both regiments are the same, it is evident that some *anterior* causes must be sought for, in order to account for this striking diversity of their pathological diathesis.

Now, the 23rd has long been stationed at Courbevoie, and, therefore, exhibits in its pathological manifestations the influences of that place alone. The 69th, on the contrary, has been only seven months at Courbevoie, but for the two previous years was in garrison at Strasbourg; and this latter regiment has evidently brought with it, and is now clearly showing, the influences of that marshy district.

This latter regiment, which was embodied at Strasbourg in 1840, yielded in the first year 73 cases of typhoid fever. After a year's residence in the marshy atmosphere of that place, the number of cases of typhoid fever sank (in 1842) to 32, less than one-half, whilst the number of intermittent fevers increased considerably. After the end of the second year, and in spite of the departure of the regiment from Courbevoie, the intermittent cases increased, so that during the first *three* months of 1843 they amounted nearly to 200, whilst, on the other hand, the number of typhoid cases fell to 2 in *seven* months.

These observations, continues M. Boudin, are not without ample precedent; for he used constantly to observe that when regiments arrived at Marseilles from the marshy localities of Corsica, the Morea, and Algiers, they remained untouched by typhoid fever, although it decimated the resident garrison of the place.

The long existing influence of a marshy soil is shown by the fact that it was by no means rare to find men affected three months after their removal from it to another.

But other diseases also, besides those arising from marsh miasmata, may exhibit themselves long after the patient has been removed from the district. Thus, regiments which proceed to Algiers from Marseilles, yield many cases of typhoid fever for months after

their arrival, although that disease would be sought in vain amongst any other of the civil or military residents of the place.

DR. GUY ON THE INFLUENCE OF EMPLOYMENTS UPON HEALTH.

We gave, in our Number for November 18, a condensed account of the conclusions deducible from a former paper by Dr. Guy. He has since contributed another paper to the Journal of the Statistical Society, from which we take the following abstract:—

"A comparison of in-door with out-door occupations leads to the following results:—

"1. The ratio of cases of pulmonary consumption to those of other diseases is somewhat higher in persons following in-door occupations, than in those working in the open air; and this rule applies to both sexes.

"2. Pulmonary consumption occurs at an earlier age in men following in-door occupations than in those following out-door occupations.

"3. The probable excess of cases of pulmonary consumption in men following in-door occupations (for a higher ratio of consumptive cases in these employments is merely a strong presumption in favor of such excess), and the earlier age at which consumption makes its attack, would naturally tend to fill this class of employments with a greater number of young men, as well as to occasion a higher mortality at the early periods of life, and a lower average age of death. Accordingly, among those employed within doors, there is an excess of young persons, a higher mortality in early life, and a lower average age of death. The greatest age, as it happens, is the same in the two classes.

"The classification of in-door employments, according to the amount of exertion which they require, leads to the following results:—

"1. The ratio of cases of pulmonary consumption to those of all other diseases is highest where the amount of exertion is least, and lowest where it is greatest; and the intermediate degree of exertion presents an intermediate ratio.

"2. The age at which pulmonary consumption makes its attack is earlier in employments requiring little exertion, than in those requiring more exertion, and in those requiring moderate exertion than in those demanding great effort.

"3. The per centage proportions of men under forty years of age following these three classes of employment is in strict accordance with the ratio of consumptive cases, and the ages at which consumption makes its attack; those proportions following the exact order of the degree of exertion.

"4. The age at death also follows the same order, the per centage proportion of deaths under forty being highest where there is least exertion, lowest where the exertion is greatest, and intermediate where there is a medium degree of exertion.

"5. The average age of death, also, is lowest where there is least exertion, but highest where the exertion is intermediate between the two extremes. The somewhat lower average obtained in the case of employments requiring great exertion, appears to depend on an excessive mortality under twenty years of age. The greatest age also occurs in occupations requiring a medium degree of exertion, the least maximum in those demanding the greatest effort.

"6. In the class of in-door occupations, with varied exercise (a class including the footman, waiter, &c.), the ratio of cases of pulmonary consumption ranks next to that of the sedentary occupations, and the per centage proportion of consumptive cases occurring before forty, the per centage proportion of men so employed under that age, and the per centage proportion of deaths are higher than in any of the other classes, while the average age of death is lower. This class, however, stands alone, inasmuch as young men are in comparatively greater request, and old men comparatively little wanted.

"7. The class of out-door occupations requiring moderate exertion, presents a higher per centage proportion of deaths under forty, and a corresponding excess of young men; but the ratio of consumptive cases, and the per centage proportion of such cases occurring under forty are lower than in the class requiring greater exertion. This apparent anomaly may probably be explained by the fact that the attack of consumption is postponed till a later age in men following out-door employments, than in those working within doors.

"8. The maximum age in the case of men following the more laborious out-door employments is lower by one year than in those using less exertion, and in the latter there is a considerable excess of aged men.

"9. Sedentary employments, and those requiring little exertion, are more unfavorable to adult and middle age, but more favorable to old age, than those requiring greater efforts; on the other hand, employments requiring great exertion are unfavorable to youth and longevity, but favorable to middle age. Employments requiring little exertion prove fatal, by inducing an excess of cases of pulmonary consumption early in life, those requiring great exertion, by occasioning other diseases of the air-passages and lungs, towards the commencement of old age.

"The following observations apply to certain occupations examined separately in the former essay, and to the effects of intemperance:—

"1. The exposure to a high temperature does not appear to exercise any injurious influence upon health during the early periods of life; but, in common with employments requiring a great amount of exertion, it is unfavorable to longevity.

"2. The inhalation of dust does not appear to be attended with the extremely injurious consequences which the high ratio of cases of pulmonary consumption would lead us to expect; but, when compared with the aggregate of other out-door occupations, the employment of the mason is found to be in some degree less favorable to health and longevity.

"3. Habits of intemperance appear to exercise a most injurious influence upon health; for men peculiarly exposed to the temptation of drinking present a high ratio of cases of consumption, a high per centage proportion of such cases occurring under forty, an excess of young men, an excess of deaths under forty, and especially between thirty and forty years of age, and a low average and maximum age.

"Lastly. A comparison of the age at death of gentlemen (including professional men), tradesmen and artizans, issues in displaying the great advantage which the first class possesses over the other two, and

the comparatively small difference which exists between the tradesman and the artizan. The average age of death of the first class exceeds that of the other two by ten years, while the average age of the tradesman exceeds that of the artizan only by a small portion of a year.

"The present inquiry, then, confirms the results to which other observers have arrived, by showing the great and undue advantage which the higher classes enjoy over other members of society. They live longer, and may be fairly presumed, while they live, to enjoy better health. This advantage is not to be wondered at, considering the better supply of air and food which they receive, the more spacious houses which they live in, and the greater care bestowed on the places which they inhabit. It is also partly due to the facilities which they enjoy for exercise in the open air. The great difference which exists between the gentry and other members of society, however, is not more worthy of notice than the very slight advantage which the tradesman enjoys over the class of working men. If we limit the comparison to the average age, we find that the tradesman lives about three-quarters of a year longer than the entire class of working men, little more than a year and a half longer than the class employed solely within doors, two years longer than men following the more sedentary occupations, and about three years longer than the class which consists chiefly of domestic servants. On the other hand, the life of the tradesman is shorter by about a quarter of a year than that of the entire class of out-door laborers.

"The little advantage possessed by the tradesman over the mass of working men probably results from the sedentary life he leads, his want of proper exercise, and the small space which the necessities of business allow him to give to the accommodation of himself and family. Taking one tradesman with another, it is, perhaps, not unreasonable to suppose that he habitually breathes an air as impure, and follows an occupation nearly as unwholesome, as the class beneath him. The labor which the working man has to undergo, provided it is not carried to excess, is more favorable to health than the confinement to which the tradesman is subject, and this confinement raises him in the scale of mortality but little above men following the more sedentary occupations. Both classes of men—the tradesman and the working man—are doubtless exposed to unwholesome influences, which might be wholly removed or greatly mitigated by the interference of others, or by their own precautions. Both classes probably suffer to a greater degree than they imagine from those habits of intemperance from which the higher classes have nearly emancipated themselves, but which still form the great physical and moral bane of the mass of our population.

"The bad effects of sedentary habits, on the one hand, and of laborious exertion on the other, have been fully demonstrated in the course of this and the former essay. How much of the waste of life and health is due to the bad air which the in-door laborer is constrained to breathe; how much to the inclemencies of the weather to which the out-door laborer is exposed; how much to the unhealthy habitations which both classes are compelled to live in; and how much to the bad habits in which both indulge, it is impossible to determine. These causes are so mixed up together as not to admit of that separation which must precede a correct estimate of their comparative influence. But that unwholesome dwellings, and bad air, and intemperate habits do tend to injure health and shorten life, there is abundant proof; that the permission of such things, where it is possible to rectify or prevent them, is bad economy, there can be no doubt. Unfortunately for the sufferers by these unwholesome influences, it is much more easy to establish general principles concerning them than to point out the precise amount of injury which they occasion. How many thousand unnecessary victims pulmonary consumption claims year by year it is impossible to ascertain; whether this chronic plague is more or less destructive than the kindred pestilence which is constantly snatching away so many of our adult population must remain a subject of conjecture; but of this there can be no reasonable doubt, that in addition to those who might have escaped consumption, and reached at least the borders of old age, a large proportion of all who die of that disease die much earlier than they would if they had been placed in more favorable circumstances. As each unnecessary death from consumption represents the loss, after a slow and lingering illness, of one of those who form the real strength of society, so the death of each father o a family at an age when those who depend upon him for support are most helpless, is the source of an amount of private suffering and privation, and oftentimes of expense to the public which is much more easly conceived than estimated. To complete the calculation of the cost to society in this one disease alone, which results from unwholesome influences admitting of removal, it would be necessary to add the hereditary taint transmitted from the consumptive parent, and ready at a fitting season to cut short the life of a child after he in his turn has bequeathed the same sad legacy to his offspring. Thus it happens that the seeds of disease are more thickly sown with each new generation, and death reaps an earlier and more abundant harvest, and a race of men famed for strength and vigor is doomed to slow but sure degeneracy."

MR. DOUGLAS ON A CASE OF DISLOCATION UPON THE PUBES, ACCOMPANIED WITH FRACTURE OF THE NECK OF THE THIGH-BONE.

A few weeks ago, says Mr. Douglas, while spending my evenings with my family, in a retired locality on the coast, I was asked to visit a poor fisherman, aged sixty, laboring under fever. In passing my hand over his belly, I came upon a hard tumor, at the top of the thigh, which, on uncovering the parts, I immediately recognised as the head of the thigh-bone. It appeared that the man was employed, some twelve years ago, in a building which tumbled down upon him, and he sustained an injury which was never repaired. I could not ascertain from him any particulars of his position at the time of the accident, nor find out whether any attempt had ever been made to set him again upon a proper footing. Having contributed a good deal to his comfort during the few days which he continued to live, I was permitted by his friends to make a *post-mortem* inspection, which I confined to an examination of the state of the hip-joint, and having ascertained this, I managed to

take away with me the very interesting pathological specimen.

There was a hard round tumor in the groin, under the middle of Poupart's ligament, and very slightly moveable, which was obviously the head of the thigh-bone. The great trochanter was felt higher than this, about an inch and a-half below the anterior superior spinous process of the ileum, further forward than it ought to be, and projecting more outward, in consequence of the oblique position, forwards and inwards, assumed by the thigh. The precise relation of the affected limb to the sound one, with the position of the foot, cannot be stated, as, from the circumstances, the dissection was rather hurriedly performed; but it was ascertained that the limb admitted of motion forwards, backwards, and inwards, but neither outwards, nor in the way of rotation.

Immediately under the skin and fascia, the head of the thigh-bone was found, forming the tumor in the groin; and lying upon it, and to its outer side, were the femoral vein and artery. The common tendon of the psoas and iliac muscles, and the tendon of the rectus were found closely adherent to the neck of the bone still more to the outer side. The lesser trochanter was felt much and irregularly enlarged, as is usual after fracture of the femur, projecting inward, and seeming to give support to the head in its new situation. The great trochanter was also felt much enlarged, forward and outward, as well as backward. The tendons of the capsular muscles, and the fibres of the quadratus, were found stretched over the joint behind. The glutæi seemed natural in structure, but weak from want of use.

On removing the superjacent muscles, a quantity of dense fibrous tissue was brought into view, in front of the neck of the femur, seeming to be a strengthening of the anterior or ilio-femoral ligament, passing over a prominence, which is the lower edge of that end of the broken neck which belongs to the shaft, and over which it glides in its way to its insertion into the trochanter minor.

A dense cellular tissue was found surrounding the head and neck, adhering everywhere, except over a space about the breadth of a shilling, where there is still a serous sac, and the smooth articular cartilage remains. On the innermost aspect of the head is distinctly seen the pit from which the round ligament has been torn. Around this several portions of articular cartilage are observed, but rough, having the superjacent cellular tissue adherent to them. The posterior side of the head lay upon the horizontal ramus of the pubes, and exactly over the ileo-pectinæal eminence, between which and the head a bursa was found, placed so as to permit the slight degree of motion mentioned in the first sentence of the description. This was a new formation, and not the regular bursa which exists a little farther out, between the bone and the tendon of the psoas and iliac muscles. The fractured surface of the neck, extending obliquely for fully an inch and a quarter, was directed backward, and firmly united to the edge of the acetabulum by dense fibrous tissue, so as to be quite shut out from the cavity of the hip-joint. Turning now to the greater fragment, the top of the great trochanter and the forepart of the neck were found firmly fixed to the ileum above the acetabulum by the capsular ligament, with great additions of very dense fibrous tissue, upon which the weight of the body must have hung in walking.

On cutting open the joint from behind, the acetabulum seemed almost filled with new fibrous tissue, mostly covered with synovial membrane. That portion of the neck just internal to the insertion of the obturator internus played, with the interposition of a fibrous cushion, on the posterior edge of the acetabulum, which had become broader and wider, from some modification of the cotyloid ligament, and which seemed to have a synovial cavity peculiar to itself. Above this, immediately behind and below the level of the anterior inferior spinous process, there was a crescent-like space, measuring an inch and a half transversely, by three-quarters of an inch up and down, mostly covered with porcelain deposit, on which the end of the fractured neck played, having itself become rounded and smoothed in the same way. Below this, filling a hollow (where there was no pressure), was an inter-articular cartilage, about the size of a French bean, attached by one edge to the synovial membrane.

There is a considerable growth of new bone, both on the top of the great trochanter and along the posterior inter-trochanteric line, to behind and below the trochanter minor. The lowest piece is still moveable, as in the case in the preparation in my museum, marked A 14, of which I have already published a description. ("Dublin Medical Journal," Vol. XI.) That part which has grown inward from the inter-trochanteric line has a portion of its inner end, though irregular, covered partly with cartilage and partly with porcelain deposit; and though not in contact with the acetabulum, to the lower part of which it is opposed, a small concave osseous shield, like one's finger nail, with a porcelain surface, is attached to the inside of the capsular ligament for it to play against.

The acetabulum has altogether lost its lining cartilage, which is replaced by strong fibrous bands covered with synovial membrane, some of which might be conceived to be an increased growth of the round ligament, after it had been thrown loose from the thigh-bone. A very strong ligamentous band passes up from the lower edge of the acetabulum to the back part of the neck of the thigh-bone, just below the obturator tendon, supporting a part of the weight, and forming a complete separation between the principal synovial cavity and that other one containing the porcelain shield, which was described in the end of the last paragraph.*—*Lond. and Edin. Monthly Journ. of Med. Sci.*, Dec., 1843.

CARLISLE HOUSE OF RECOVERY FOR FEVER.

We make the following interesting extracts from a report of the state of this institution, presented by the medical officers at the anniversary meeting of the governors, and published in the "Carlisle Patriot" for Dec. 9:—

"The febrile symptoms underwent some modifications during the different seasons of the year. In the

* There is a case related in Sir A. Cooper on Dislocation (Case XXXVII.) of fracture of the neck of the femur, in an attempt to reduce a dislocation, occurring to a boy of eleven.—Eds.

beginning of the year the head was the part chiefly affected; some of the patients had violent headache, and much delirium. In the spring the chest was often the seat of congestion; coughs were frequent, and the fever was sometimes complicated with pleurisy and bronchitis. Derangement of the bowels and stomach was also occasionally met with; the head, chest, and abdomen, in some cases, were simultaneously affected. In the latter end of summer there was an increase of fever, and the cases that occurred then were often complicate with an inflammatory state of the mucous membrane of the stomach and bowels. Some patients suffered much from sickness and vomiting, and had an unusually yellow or jaundiced appearance. As the year advanced, the cases became more numerous, and the fever sometimes assumed a more malignant type. In some patients there were symptoms of irritation of the bowels, and disorder of the biliary and other secretions, accompanied with jaundice, a complication or form of fever only lately observed in the practice of the hospital. Many of the patients were spotted with eruptions similar to those described in former reports of this charity. Two patients were admitted under certificates of fever who were affected with other diseases; one with peritonitis, and the other with rheumatic fever and disease of the heart.

"The average mortality resulting from this formidable and often fatal disease, during the past year, has been 1 in 13.8. The average stay in the house of those that were cured was about twenty-eight days. In a few cases the disease was protracted for several weeks. These were complicated cases. All the patients admitted, under twenty years of age, recovered. Two patients were moribund, and one, who had previously suffered from inflammation of the lungs, was in a hopeless state, when brought to the house. One man, who died, had been in a very delicate state of health for a long time, and subject to fits of mania. Only two patients employed private medical attendants. In every case, where there was high febrile action, cold, and sometimes tepid ablution of the body, and purgatives were employed with great advantage. Strong and active remedies were seldom required, except, in complicated cases, to remove the superadded congestions and inflammations, for which moderate bleeding, both local and general, were had recourse to. Wine and other stimulants were seldom given. In simple fever, without local symptoms of functional derangement, or organic disease, mild and innocent methods of treatment were found most efficacious.

"Of 83 patients admitted with fever, there were 40 who attributed their illness to infection, 22 who attributed it to cold and fatigue, and 21 who could assign no cause for their illness.

"The benevolent views of this charity are not confined to those who are suffering from contagious fevers, and admitted into the house; they are extended to every person. To prevent the spreading of these diseases, by separation of the sick, and by cleansing and purifying their dwellings, is one of the great objects of this charity. A twofold benefit is, therefore, conferred—the cure of those laboring under these diseases, and, what to the healthy is of equal, if not greater, importance, since prevention is better than cure, the spreading of these fevers among all classes of society is often prevented.

"The great advantages of cleanliness and ventilation have been often dwelt upon in the previous reports of this institution; and it is proper to remark that some of the courts, lanes, and alleys, in many parts of the town, are at present in a filthy state. In these are situated the abodes of the poor and indigent, which are crowded, dirty, and ill-ventilated, and are the frequent sources of disease and contagion. The diffusion of typhus fever among the poor is often favored by these physical circumstances, as well as by other causes, such as the humidity of the atmosphere, and a want of necessary clothing and nourishment."

OBITUARY.

Died, on the 7th ultimo, aged eighty-six years, Sir Lachlan Maclean, M.D., of Sudbury, in Suffolk, one of the original members of the Eastern Branch of the Provincial Medical and Surgical Association. After making a voyage or two, in the capacity of surgeon, to the East Indies, he settled as a physician in the above borough, where he practised for half a century. The principal product of his pen was "An Enquiry into the Cure of Hydrothorax, 1810."

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

Will *Os Coccygis* enable us to communicate with him? The subject well deserves to be exposed, but his communication had better be modified.

A Member of the P. M. A. (East Kent) should recollect that names are not things, and that hard words are always bad arguments. We never advocated vice, hypocrisy, or detestable knavery, nor anything likely to lead to them. We spoke of a means of rendering efficient service to our fellow-creatures. If our correspondent has any better plan to suggest, we shall be most happy to be the means of communicating it to the public. Until he has, he had better desist from calling names, and imputing bad motives unjustly.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

Gentlemen desirous of having the "Provincial Medical Journal," forwarded to them by post, may send a post-office order to the Publisher, 356, Strand, London.

TERMS.

	Stamped.	Unstamped.
One Year	£1 10 0	£1 6 0
Six Months	0 15 0	0 13 0

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 169.] LONDON, SATURDAY, DECEMBER 23, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

A SKETCH

OF THE

HUMORALISM OF THERAPEUTIC AND OTHER AGENTS,

OR THEIR MODUS OPERANDI THROUGH THE BLOOD.

By T. Wilkinson King.

The Basis of Experience and Practice — General Laws of Medicine—Secondary Laws — Physical, Humoral, and Nervous Functions—Sympathies ? —The Blood Infected—Mr. Blake's Inferences— The Changes of Nutrition and Secretion all Humoral — What causes Secretion — Absorption— Arrest of Secretion—Nutrition.

It is a notable difficulty for the empirics that, if we consult the records of experience, we can hardly fail of coming to the conclusion that almost any and every remedy is good for any and every disease, and at the same time we learn from the fashion of prescriptions that very few remedies are of settled value. For our own part, we make almost an exclusive choice of the few. The cream of all therapeutic experience is nearly comprised in the following catalogue :— Few and simple mercurials, purgatives, diaphoretics, diuretics, tonics, and anodynes; with bleeding, the use of heat and cold, simple mechanisms, plain diets and habits; an acid and an alkali, and perhaps half a dozen other favorite or specific resources, are the remedies of practical men. What are the resources of the literary? If it were possible to count the items and combinations of modern pharmacy, would it not appear totally beyond a single human experience to form any estimate of the value of one-tenth of the sum ?

The physician of 300 remedies, and three times as many combinations, can have but little just experience of the use of any one, however he may affect to despise the simplicity of Hunter or Cooper. The truth is, however, that most practitioners, like the body of our profession, have favorite prescriptions in succession—a fact which should not be acknowledged without shame, for thus it would seem that no remedy is deserving of settled confidence. The error is first in a want of knowledge of the case in hand, and a fair discrimination of its actual stage ; for, with these data, experience could not fail to furnish the proper remedy, or at least the proper palliative, if any be admissible.

It would certainly be well if every medical practitioner could give a direct reason for the remedy he prescribes in any given case. This, however, is not to be expected, and yet it is to be hoped that, from the present time, rational laws will continually gain ground in our profession, while the empirical principles decline. It is even a triumph of reason when the physician only confesses to himself, "There my reasonable views stop, and here my empirical adoption of common practice begins; so far I conceive I have had rational notions of the disease and its treatment; but beyond this my fears, my deference, or my ignorance, induce me to pursue, at least for the present, the experience of my predecessors."

One of very limited means of observation must be said to have but little to reflect upon, yet, with attention and judgment, the fruit may be of the best; while others, continually engaged in practical things, may be altogether unable to form just and clear opinions; for a rapid succession of facts, or a great variety of them, as well as hasty views, are great impediments to mature judgment, which depends on strict selection and careful comparison. It is, moreover, but too true, and often evident, that the physician who has not been amply grounded in the fundamentals of anatomy, physiology, morbid anatomy, and pathology, is for ever unfit for just observations at the bed-side.

The following is the continuation of an attempt to link reason and experience, physiology and pathology, in common practice. The humoralism of remedies is only a part of humoral physiology and humoral pathology. The first is here designedly brought forward to assist in establishing the entire doctrine.

The fundamental principle—the initiatory law (so to speak) of medicine—declares the truths or involves the facts—

1st, That health consists in a certain natural state, and moderated action of the several parts of the animal frame ;

2nd, That disease forms a perceptible departure from the healthful state ; and,

3rd, That remedies have a power of modifying the disturbance or assisting the restoration.

Health consists in the balance of the functions—salutary oscillations and mutual compensations—periodic functions are essential supplementary acts.

Disease is disturbed balance, in the form of local affections, or combined, or general.

Diseases have a definite course, and mostly tend to spontaneous recovery. Variability is a peculiar character.

See a view "Of some of the First General Laws or Fundamental Doctrines of Medicine and Surgery:" London, 1840. We have never been forward to recommend the study of general laws to younger pupils, but have rather felt inclined to say to all—Wait, until you perceive the want of them in practice, and then, if more extended principles are not incompatible with the partial rules and empirical experience which you have attained, you may expect to find fresh corroboration and illustrations of your soundest views arising around you daily, and the satisfaction will amply repay the labor of the additional inquiry. Above all things, give your time to the elements of pathology and diagnosis.

We do not propose to determine which is the foremost of all secondary laws in medicine, but, for the present, we shall assume it to be the following:—

In physiology, pathology, and therapeutics, that is, in all that relates to the healthy or disturbed balance of the bodily functions, we have at least three different series of agencies—physical, humoral, and nervous.*

A cut, a suppression of urine, and a fright, may severally represent these influences, and when we see a cut repaired by molecular deposits from the circulating fluid—a dysuria relieved by bleeding and mercurial purgatives, &c.—and the syncope of fear first induced by muscular relaxation, and then relieved by the horizontal position—we may perceive something of the intimate mingling of these three different kinds of influences. We perceive a necessary dependence of all parts upon each of them, and we see the necessity of correlative and compensatory actions between them all, both in health and disease. It is the humoral doctrine which we conceive to be most easily illustrated by therapeutic considerations, while it seems to extend and corroborate humoral principles in pathology generally; and, although our plan may seem contracted, we have a hope that it will gain somewhat of precision and force by this confined method of examining a doctrine which, if made good with reference to remedies, must, of course, stand good in physiology, &c.

The study of the humoral acts of remedies will help to clear up the current notions of sympathy. The following appears to be the main basis of the Hunterian doctrine in an amended form.

Sympathy—consent of parts, correlation of functions "actions as it were, playing amongst themselves," healthy or morbid, "each becoming a *stimulant* to the other, or each being *affected* by the other"—"sympathy is one part taking part in the impressions, affections, and actions of another part"—"sympathy between one local disease and another, and between an universal and a local disease." It is by no means pure sympathy if, with general deterioration, a slight local disorder induces excessive disturbances elsewhere. "Sympathy of the actions of life," nutrition, &c.; "sympathy of the nerves" (excito-motor?) "sympathy of mind" (tremor of fear?) "I suspect that all those which would appear to be sympathies of sensation only, without action, are a delusion of the mind—a wrong reference of the mind to some other than the part affected, which I shall explain when upon the subject of delusion."—Hunter, p. 319.

It is absolutely hopeless to construct one theory for all sympathies.

Mr. Hunter's lecture on sympathy we deem only highly interesting. Excito-motory acts are not distinguished, humoral effects are not recognised, many fallacious and doubtful statements are admitted, even simply nervous and physical results are erroneously set down as sympathies. On the whole, therefore, we have concluded, to our great relief, yet not without regret, that it is best to give up the entire doctrine of sympathy as it there stands. We firmly believe Chapter X of the new edition of the lectures to be totally useless, except as furnishing part of the rough materials for a new structure. Hunter has here labored admirably to analyse an unhappily false idea—an hypothetical principle. He shows clearly enough that he could find no order or scheme for a systematic arrangement of his views. The editor, Mr. Palmer, is an exemplary Hunterian, yet we fancy he may be almost willing to throw the said chapter, or rather the doctrine, overboard. The following note of his is not satisfactory:—"Thus toothache and tic douloureux will occasion pain *or* inflammation of the face; diseased hip will produce pain of the knee, *and*, as I have frequently seen, inflammation of that part; gonorrhœa will occasion pain *or* inflammation of the testicle; disease of the bladder, pain *or* morbid change of structure in the kidneys." Is it not evident that the inflammations here may be casual, or of mechanical as well as humoral origin? Our progress will at least assist to unravel the principles or rules of those acts attributed to sympathy.

"The usual mode of explaining the actions of medicines after their absorption is that, when they have got into the blood, they are carried in the ordinary course of the circulation to the heart, thence to all parts of the system."*

It is an incontrovertible elementary rule of therapeutics, that matters, whether fluid or solid, nutrient, medicinal, or poisonous, have various ways of gaining access to the circulating materials. They may be injected into the veins, received by the stomach, by the rectum and colon, by the natural and abraded surfaces, or by inhalation.

We may say, then, that the blood is a vehicle, or that it is deteriorated—that we have the humor altered, and its effects on the body must of course be proportionably anormal.

A young lady was sent to Brighton to drink artificial Carlsbad waters for an obstinate and variable pustular state of the face. There was half an hour's walk to the spahouse. Then seven beakers (three to a pint) were drank off, with a rest of a quarter of an hour after each. Then half an hour more to walk home, and one hour to wait for breakfast. After five weeks this patient returned to London transitorily relieved and looking plump; her hands pitted excessively on pressure.

The experiments of Dr. Blake (Edinburgh Med. and Surg. Journal, Oct. 1841) are, we think, sufficient to justify the following *humoral* conclusions:—

"1. That a constant ratio exists between the time required for a poison to act, and the rapidity of the circulation.

"2. That the time required by a substance to permeate the capillary vessels may be considered as inappreciable.

"3. That in those animals on which experiments have been made, a sufficient interval always elapses between the introduction of a poison into the vascular system, and the symptoms of its action, to allow of the blood with which the poison has been mixed reaching the capillaries of the tissue on which the poison exerts its deleterious effects.

"4. That the interval elapsing between the absorption of a substance by the capillaries, and its general

* We have applied this law by way of general illustration to he "Nature and Treatment of Toothach." See Med. Gaz., anuary, 1 842.

* Pereira—Elements of Materia Medica, second edition, p. 1

diffusion through the body may not exceed nine seconds.

"That an interval always more than nine seconds elapses between the introduction of a poison into the capillaries or veins, and the appearance of its first effects.

6. That, with those poisons which act on the nervous system, the closer the part of the vascular circle at which a poison is introduced is to the nervous centres, the more rapid is its action; and also, that the contact of a poison with a large surface of the body does not give rise to general symptoms, as long as its diffusion through the body is prevented. No doubt the same applies to any other organ (as well as to the brain), in cases where the material transfused is prone to affect a particular organ.

We then see a substance producing its effects only where it is present—affecting the heart only when brought into contact with, or circulating in, its parietes—deranging or destroying the functions of the nervous tissue, only when it impregnates it—exciting secretion when circulating in a gland, and paralysing a muscle or arresting respiration by directly affecting the capillaries of the parts concerned—we see that a substance introduced into the blood primarily affects the functions of an organ by its direct contact with that organ, and we naturally conclude that these effects are the result of changes produced in the organ in question. In brief, poisons permeate the coats of capillaries almost instantly, and thus, as quickly as by venous transfusion, they are generally diffused in nine seconds, and not till later do we see signs. Sent more directly to the brain, they act more quickly; but, however freely applied to a surface, they have no action unless circulated. Dr. B. fairly establishes one class of poisons containing those salts that destroy the irritability of the heart as soon as blood containing them is circulated through the parietes of this organ; and another class containing those substances, which, without diminishing the irritability of the heart, prove fatal by arresting the pulmonary circulation, apparently owing to an action that they exert on the capillaries of the lungs.

From all we know of humoral principles, we must infer that poisons only act when applied directly to the tissues they affect. Dr. Blake also shows that poisons which arrest the heart all materially modify the chemical composition of the blood.

It is not fairly a matter of surprise that the effects of poisons, &c., should be experienced with great rapidity in a very few seconds after the matter has reached the blood. Animals under experiment have a most rapid circulation, and even a respiration that often cannot be counted quickly enough. The dog, rabbit, and cat, which are so often selected for experiment, are remarkable too for a naturally quick circulation, and one that admits of no delay, having no proper safety valve action, and for the most part but few and small vessels.

The circulation of blood under a poisoned surface, or around a poisoned centre, is much more like tea stirred about a lump of sugar than we are aware of. It may become a very little wonder that, after purging, the blood should drink up a dropsy.

There is a remark, with respect to the inhalation of poisons, &c., which may naturally enough have occurred to many before, although I have not known it hinted at. The (so called) sudden death of animals, imputed to the simple application of prussic acid to the tongue (whose nerves have been thought capable of propagating destruction), is, I conceive, referable to the free access of the fatal vapor into the lungs and pulmonary veins.

In health, neurine, oil, and bone are respectively deposited in their proper places, and mucus, urine, and bile, the natural stimuli of their respective secretors, pass off by their natural outlets, and thus particular food, medicines, or accidents, determine peculiarities of local humoral action; witness, 1, gout and scurvy; 2, the actions of squill and antimony on the kidney; and, 3, the effect of cold to the skin, and the sudden obstruction of one kidney. As it is from the capillaries that all nutritions and secretions are supplied, so the *humoral effects of nutrient, remedial, or poisonous agents have but one course.*

Let us reason freely on this view, but let us avoid all the doubtful or casual facts on which it is too common to ground therapeutic arguments. Let us have nothing to do but with the settled and habitual effects of medicines, and thus, however we may err in hypothesis, the discovery of the error will be near and easy.

Let us regard the blood as liable to contain, in countless ways and degrees, agents which

1. Excite secretion,
2. ,, absorption,
3. Arrest secretion,
4. Excite nutrition.

Of course, the mechanical and nervous effects of remedies are not to be denied. They will be only casually adverted to in this place.

Organic deteriorations, or settled disorganisation and their consequences, so far as they are not fatal, and admit of treatment, involve the most complicated cases in which mechanical, humoral, or nervous derangements, or all of these at once, as they cannot be cured, require to be palliated, or compensated for.

Excito-secretory agents are sometimes applied directly, but it may be that even in such cases their action is specifically the same as when they are first infused into the general circulation. Contact, solution, and transudation, are probably necessary when snuff excites nasal secretion. Tobacco in the blood excites only more general secretion. A saline solution in the bowel may have a simple power of appropriating water from the circulation, but this can scarcely be deemed a humoral change in ordinary cases.

We hold a wide distinction between the act of secreting and the discharge of secretion by excito-motory acts, as in the case of the urine and semen, and perhaps the gall-bladder.

It is said that irritations at the orifice of the ductus choledochus induce secretion as by nervous influence. This we by no means admit, although there is some apparent foundation for the supposition. After the infant has partially emptied the mamma, there is a sudden sense as of the afflux of blood to the organ; but such an occurrence may result to a mother with a recently emptied breast, after drinking and absorbing a glass of porter. Similar consequences may attend any excretion. It is not, we think, mere irri-

tation that causes lachrymation, but motions and pressure.

The accumulation of solid fæces tends to excite mucous secretion; but when an artificial anus lets out the contents of the ileum at the groin, the large bowel only yields, after intervals of months, a little mass of whitish mucus, as if in the absence of physical stimuli, the only excitement to secretion kept up were that depending on a material in the blood destined to be excreted, and to excite especially the follicles in question.

Capillary injection from local stimulation is always confined to the part affected and its immediate vicinity. If the inflammation spread, it is because the capillaries suffer from defective blood. The limited redness round a repairing wound indicates that an equal extent of the capillary system has been deprived of its due share of nutrition. How long a scar remains red in cachexia. If contiguous sympathy be more widely manifest, it is because the blood is failing of due nutritive power. If morbid deposits occur, it is because the blood supplied is still more seriously perverted.

As to salivary secretion, motion alone is often insufficient to produce it; yet it is the first cause, to which capillary injection follows; and it is of course essential to the exudation that the blood should be prepared with fluids to part with. Those who have dined off dry food, or labored in the tropics, will perhaps admit both force and truth in this remark.

It is not plain that mental sympathy with pressure will make tears ooze out or saliva. Drinking, fear, or cough, may cause perspiration.

It is probable, or at least possible, that the action of purgatives (as such) is much more simple than it is usual to teach. The peristaltic action of the bowels depends, first, on the presence of sufficiently massive contents; and, secondly, on the due nutritive excitement of the muscular fibres. The action of the heart itself is regulated by distention and nutrition, and perhaps such stimuli as wine. We know nothing of purgatives which specifically increase the peristaltic action of the intestines, and even the effect of bile in this respect is at least doubtful.

The common property of purgatives is that of exciting secretions, but this effect is not confined to the track of the bowels. The kidneys, the skin, or the bronchial membrane may share in it, or even be at times solely affected; and the stomach, the small intestines, and the colon are singly and especially liable to be acted upon by particular secretory stimuli in the blood. It is true that certain matters directly applied excite fluid secretions in the mouth, as in the nose, and so, perhaps, throughout the bowels. When purgatives disturb the system (not by depletion), and excite other than bowel secretions, is it not by absorption? Purging from cold, ischuria, or inunction seems also of humoral origin. There is no case in which solution, and transudation, and a free circulation of the purgative may not take place. The more certain catharsis of larger doses—as of turpentine, antimony, &c.—may be referable to directly excited secretion. It seems natural that secretion being very active in one part, other emunctories should be almost quiescent. A more equal action is, however, often observable.

It is highly important to consider that, when one emunctory is already excited, it may be more susceptible of excitement than any other, even by agents which do not usually affect it. Thus alcohol becomes particularly diurectic, water a diaphoretic, antimony a purgative. Thus temperaments, temperature, and habits, modify humoral actions, retard or accelerate, sometimes with advantage, sometimes fatally. The physician is required to understand the complicated balance, and the causes of disturbance, and to take advantage of them. Various medicines, which seem to act on the kidneys, are recommended in renal diseases, and some with an apparent refinement of reason; but, for our own part, we consider that the over-acting organ should only be relieved, that one actively perverted in function is hardly to be set right by irritation, and that a gland *contracting* after excitement is best left to itself. Spare the sick horse to do what it may.

In some experiments, which we not long since witnessed under the directions of Dr. Addison, half a drachm of strong prussic acid was put into the stomach of a rabbit, and, in two cases, at about the 45th second, there was some spasm of the respiration; at the 70th, convulsions; and, at the 100th, death. In a third experiment the porta was tied, and the œsophagus, and the same dose injected, as before, directly into the stomach. The animal died in the most quiet manner possible in the course of 6½ minutes.

This result, we conclude, was produced by the very gradual transmission of the poison into the blood through the coats of the stomach and the surrounding tissues.

The researches of Dr. Addison and Mr. Morgan have, perhaps, been of much greater service than is commonly allowed. The experiments they relate are particularly ingenious. The blood being contaminated by poison, and all functions rapidly involved, whatever subsequent explanations have arisen, and whatever the course and result of many subsequent experiments, very much, if not actually guided by the labors of these gentlemen, is at least happily illustrated by their truly original contribution to the department of science in question. Their facts are new and good, although we now infer that it is by circulating in the capillaries that poisons and remedies have their especial agency.

In the month of June, 1836, a lady, about fifty years of age, who had more than once been anasarcous, but was at the time tolerably well and active, became suddenly seized with hemiplegia. Rather active bleedings and purgatives were employed for four days, when some ptyalism was induced, and the chief disturbance consisted in impeded deglutition. She readily helped herself in and out of bed. In consequence of the absence of alvine evacuations, an enema of oil, water, and flour, was now employed; but this not being returned, a second was administered on the following day, and also another on the third day, with the addition of about a tablespoonful of turpentine. On the fourth day the only dejection was a little whitish, pasty matter. The urine had been copious and dark, and not albuminous. Others have seen, as well as myself, a terebinthinate enema causing excessive diuresis or dysuria.

Emetics.—Air, or water, or food, distending the stomach, acts as an emetic. Vomiting may begi

from tickling the fauces, or reverted peristaltic action in the strangulated ileum. Fright, pain, venesection, or a blow on the head, act as emetics. Mustard or caustic in the stomach, and medicines in the stomach or the blood, cause emesis. Copious secretions in the mouth and stomach are among the general effects of antimony in the blood. The general signs of depression we attribute in part to the same cause; they may pass off without vomiting, after the several excretions have abstracted the circulating evil.

In a case where it was desired to induce faintness, eight grains of tartarised antimony in divided doses were administered in the course of six hours, at the end of which time little or no effect had been produced, and the whole antimonial wine and water seemed to be simply rejected. The subject of this attempt was a somewhat delicate middle aged lady. The like plan on the following day, avoiding the few drachms of wine, had the same result. Here appears to have been little or no absorption, and consequently almost no general disturbance. Subsequently in bed this patient had a little diaphoresis and evacuation by the bowels.

The modus operandi of expectorant remedies is probably simple enough, although their name is scarcely just. In the wide sense they are medicines which relieve bronchial obstruction, whether depending on turgescence, inflammation, or secretion. As the horizontal position induces bronchial congestion, so the upright position alleviates it. Inflammatory injection is relieved by all the means of depletion, of which the exciting of general or remote secretions (as expectorants do) is doubtless a material part. In chronic states, continued exercise determines general activity of functions, mechanically and humorally, and so the chest is relieved. All excito-secretory agents which affect one or many organs out of the chest, ease respiration. Abstinence and diluents may both act as expectorants. The tripartite theory of therapeutic and morbid acts is touched upon in a set of papers on Angina, in the "Medical Gazette," 1841.

In an unhappy case which we witnessed some years since, the enema tube of Dr. O'Beirne pierced the rectum, and the salts and senna were injected, as we must presume, into the peritoneal cavity; the patient suffered extreme distress, and survived only about three quarters of an hour. There were traces of active inflammation, and but small remains of the injection in the pelvis. The subject was an old man in whom the taxis had returned a hernia with its sac and all. As to the absorption from the peritoneum, there are, doubtless, numerous and more accurate, though not more impressive examples. The rapid and ceaseless washing along of soluble materials, by the surrounding capillary circulation in the stomach or pleura, may be understood with very little reflection. The causes which determine, expedite, or retard or prevent absorption in a given case, are probably very complicated.

The quantity of the blood, its constitution, the activity of excretory organs, the freedom of the heart and lungs, the ready control of these organs by the brain, the external temperature, are so many decided modifying regulators of absorption. Compress a venous trunk, and dropsy begins; remove the pressure, and absorption has play. Leeches to the cheek in a leucophlegmatic may cause local dropsy without a blush.

With regard to direct local remedies we would observe that there appears great want of precision on almost every side. In the case of superficial affections the remedies may, and often do, act chiefly constitutionally; and with respect to deep disorders, whether we use cupping, blistering, heat, cold,* iodine, or mercury, how can we sanction the inference of successful treatment but by general actions on the body? It should be remembered that many cases require only the simplest local application (rather the exclusion of external agency), and also that many depend on constitutional treatment; after these considerations, the use of local applications as specifics may be deserving of attention. In the use of cold and friction, the greatest mischief may be effected for want of a just appreciation of the whole influence.

We know little of medicines *which specifically promote absorptions*, and atrophy of new or original growths. The result seems to depend specifically on the state of the general system. Pressure is a direct means of exciting absorption; abstinence and depletion are indirect means; and exercise, as it wastes the circulating mass, acts in the same way. A combination of these resources, including some of the most general evacuant remedies, is most powerful. On the other hand, these same agents, carefully regulated, with a view to restore the balance of health when it has been seriously disturbed, possess a tonic and even nutritive tendency. With plenty of good blood, frictions and use induce hypertrophy of parts.

It does not yet appear that mercury, iodine, purgatives, or venesections, have any but one mode of inducing absorption. The effect of either of these may be very various in different cases, whether we regard the blood, individual secretions, or particular disorders of the body. To diminish the former, remove its fluids, and alter its constituents, may be only distinct depletory acts. Declining nutrition differs from absorption only in degree. To attempt, by medicines, to dissolve a solid tumor within the body, is like striving to melt the centre only of a mass of ice.

Remedies which diminish secretion, when they are needed and prove effectual, are called tonics, but, as they are not specific local agents, they are liable to prove quite the reverse of tonic; fever, increased discharges, and debility may result from their use. If they arrest several secretions, we should expect that the result may be the aggravation of one already too active—as inflammatory diarrhœa. The tonic effect here spoken of does not seem very obscure. A fuller and more equable humoral distribution approaches a restoration of the healthy balance of all functions. The mode in which mercury arrests a diarrhœa seems to be by exciting other secretions; when balance being restored, all subsides together, and new nutrition re-establish health.

By exciting various excretory organs we may establish a balance of actions which subsequently may maintain itself; so ipecacuanha acts. Free diaphoresis or a hard ride shall even absorb the liquids of the rectum, as many are aware. Much in

* We have referred to the humoral effects of temperature in recent "Considerations on Climate," in this Journal.

this case, as in the rapid removal of a bubo, depends on the actual condition of the frame. The tonic or astringent circulating in the blood, in the first hours of diarrhœa, aggravate the disorder; not so the mercurial; but when the affection is chronic, variable, or ready to decline, the opium or kino is much more flattering to the skill of the physician. Even wine and a walk (well clad) shall put an end to certain cases of gripes and looseness.

The first effect of alcohol on the capillaries in which it circulates may be of an astringent or tonic kind, to which succeed arterial delay and increased cardiac impulse. A strong, and at the same time equable, distribution of blood with but tardy diminution by excretion or nutrient deposit is for a time quite consistent with a sense of vigor, and this depends more on the state of the whole than on that of a part of the brain. As the venous blood gets diluted or depurated by secretion (or both), capillary relaxation should succeed, with as much nutrient deposit as the blood can spare, and as much of different secretions as there are specific matters in the blood to determine. Lastly, comes the hungry need of renewed stimulus. Palor and tremor are not merely nervous. Every fibre and tube is wrong for lack of due nutrition and support.

The effects of opium resemble the above; they are by no means confined to the brain. The more these agents act universally, the less is there danger from the oppression of any one organ. A large juicy frame, a copious digestion, abundant activity, may save the kidney or the liver from being especially acted on and overwhelmed. With alcohol and much clothing a coachman may protect his kidneys from being overtasked by cold; but when excessive and deteriorated renal function has commenced, what clothing will prevent alcohol from aggravating the evil? Still we dare not disregard the wants of all the organs which long habit may have rendered it imperative to allay.

In delirium tremens it might seem that the abrupt diminution of habitual stimulus leaves the circulation and excretory acts devoid of indispensable support. Depurations fail, and digestion also, and the body is more affected by cold and the like. We need not wonder, then, if inflammations, effusions, or delirium should supervene.

The blind outcry against spirits, is but very partial wisdom. The poor cannot buy wine, and they need support. There may be no more precious and generally required prescription than a dram to a crude meal or a basin of gruel. If any would exclaim about the danger of certain truths, let them be as busy as they will to prove it. Shall we make the weak suffer more, for fear lest the strong should suffer as much? A poor sickly, laborious, mother has "taken the pledge," and she must keep it, but in our judgment a good deal of rum would not have distressed her so much, nor have destroyed her so soon. We give her tinctures and opium, and her duties are made easy, and her heart should be thankful. The pride of abstinence is often but another intoxication.

Nutrients.—These are direct or indirect. The direct consist in good food, to which are essential natural digestion, circulation, and excretory depurations. The indirect are those which restore health either by retarding undue secretions or by stimulating tardy emunctories.

Moderate degrees of pressure, friction, mechanical exertions, or even secretory or nervous excitements, lead to increased capillary supply of parts; and if the blood abound in the specific nutritive matter required by bone or gland, increased development results, or atrophy, or worse, may be the consequence of humoral deficiencies.

Bodily exercise, kneading, and stretching every part (shampooing), induces an universal call for nutrient and secretory changes, and thus is a powerful means of affecting the constitution of the blood. In moderation, it invigorates and equalises all function. In excess, it exhausts. With depletion or debility, it only aggravates the evils. With undue repletion, it oppresses the system, or rather certain parts, physically. In particular diatheses, or different cases of local affections, exercise acts in various ways, humorally, or physically, or otherwise, which the physician should consider carefully if he would employ it safely and well.

To close our sketch for the present, we may sum up various changes in the blood which affect the condition and action of all the organs of the body—consistently with health, the essence of disease, or inducing recovery, there are humoral agents. The right use of them must form a great part of the resources of the physician, who would not foolishly interfere with the intricate œconomy of the living body in the season of difficulty.

36, Bedford-square.

CASE
OF
ASPHYXIA FROM HANGING,
TREATED BY BLEEDING.

By E. J. Shearman, M. D.,
Licentiate of the Royal College of Physicians in London, &c.

On the 16th ult., at half past one o'clock, p.m., a very powerful, athletic man, named John Williamson, with his wife, were committed to Wakefield, by Henry Walker, Esq., to take their trial at the next quarter sessions, for stealing a silver spoon from the house of the Rev. Mr. Speare, of Kimberworth. At two o'clock the same day the man was found by the gaoler's wife, apparently dead, hanging by his own handkerchief to the grate of the prison, only forty inches from the ground. He was cut down. I saw him half an hour after the occurrence, and recovered him from the immediate effect of his suffocation, but he died at nine o'clock the following morning, without any sufficient evident cause. An inquest was held on the body on the following Saturday, and a verdict of temporary derangement returned.

When I first saw him he was apparently lifeless; he neither breathed, moved, nor had any perceptible circulation. He was lying on the straw bed in the prison, his face and neck much swollen, and of a blackish color, the ecchymosed mark of the cord being immediately below the thyroid cartilage, his fingers bent, and hands nearly clenched. I immediately had his head raised, the windows and door opened, and opened a vein in his arm (in preference to

the jugular vein, because the room was very dark and inconvenient for that operation), put his arm into hot water; a little blood flowed, which gradually increased in quantity as he became warmer; in four or five minutes he began to sob, and I let him bleed until I could feel the pulse beat at the wrist, and the pupil of the eye contracted completely on the application of a lighted candle. I then stopped the bleeding. As he so soon began to breathe, there was no ammonia applied to his nostrils. His breathing remained stertorous. I poured some hot brandy and water into his stomach, applied warmth to his body and extremities, kept his head raised, and left my assistant with him at half past three o'clock, to see that he had as much fresh air and warmth as well as every other attention that the nature of the situation would allow.

At five o'clock I saw him again, and remained till half past six; he had then rallied very much; his pulse had become firmer, but quick, 130; his head was very hot; he was exceedingly restless and unmanageable, having very violent convulsive motions in both arms and legs, and required more than six men to hold him on the bed; his breathing was still stertorous, and he could not swallow. I put him on a strait-waistcoat, had his head shaved, showered it with cold water, and applied an evaporating lotion afterwards, and gave him some croton oil on his tongue, which he kept within his teeth. My assistant remained with him until ten o'clock. I saw him again at eleven, and remained until half past twelve. His head was then excessively hot, eyes injected with blood; he looked wildly round the room, and was so excited and strong that the strait-waistcoat did not keep him in order. The croton oil had operated once on his bowels; his pulse was very quick, small, weak, and jerking, or I should have bled him again in the arm or jugular vein; twenty leeches were applied to his head; I continued the cold affusion and cold lotion afterwards, and kept him as warm as possible everywhere else. I left him, fully expecting, there was so much congestion in the brain, it would end in phrenitis or meningitis by morning. Early the following morning my assistant saw him; he had then spoken several times, was calmer, but, very suddenly, he became exhausted, and died at nine o'clock.

In this case I consider there was both suffocation and apoplexy; so much pressure was made by the cord round the neck as to prevent inspiration, so that immediately the lungs, right side of the heart, and veins would be congested; part of the venous blood sent to the lungs through the pulmonary artery would be oxygenated during the first inspiration, but, when the next systole of the heart took place, if any blood passed into the left auricle by the pulmonary veins, it would be venous, and, if thrown *out* by the left ventricle, would act as a poison to the brain, and prevent the respiratory nerves from exciting the muscles of respiration; thus, together with the pressure in the nerves and arteries in the neck, producing asphyxia. At the same time the blood was prevented returning from the brain, in consequence of the ligature round the veins of the neck, thus producing apoplexy.

I, therefore, removed all pressure from the neck; encouraged the return of blood by raising the head and chest; removed the immediate congestion from the lungs and brain, by drawing blood from a vein, and kept that flowing until the muscles of respiration were excited to action sufficiently to allow the air to change the venous into arterial blood, evinced by the activity of the brain. When respiration was established, it was my next duty to relieve the congested state of the brain, which I endeavoured to do by keeping the raised head (which was very hot) as cool as I could, and the rest of the body warm, relieving the congested state of the veins by local bleeding, and stimulating the mucous membrane of the bowels by croton oil. Still the violent convulsive motions continued, which I think rather tends to point out the immediate cause of death to have been effusion on the base of the brain.

I immediately applied to the coroner for permission to examine the body, stating it would be a most interesting inspection; and on the inquest I most distinctly said I could not account for the immediate cause of death at the time it took place; but I am sorry to say he would not allow me the privilege. On the inquest he said that he had been informed by an eminent practitioner in the neighbourhood that the man ought to have been bled from the *temporal artery* instead of a *vein;* and there is a current report circulated that the man ought not to have been bled at all—in fact, that he was bled to death!

To satisfy myself as to the propriety of my mode of treatment, I took the earliest opportunity of reading the case before the Sheffield Medical Society, and put the following questions to them:—

1. Whether it would have been proper to have opened the temporal artery?

2. Whether there appeared any reason to suppose too much blood had been abstracted?

3. If any better mode of treatment could have been adopted?

To all these questions I received a satisfactory reply. But as this is a case, the treatment of which does not admit of much time for reflection when it occurs, I may be excused for endeavouring to prove that the mode which was adopted in the present instance was according to the most approved authorities.

It is generally acknowledged that the quantity of blood circulating within the cranium is nearly the same under all circumstances, and that the pathological condition as to *plethora* consists principally in the want of balance between the arterial and venous, the arterial blood giving the natural stimulus to the nerves of the brain, when sent in due quantity; the venous, in excess, depriving the brain of that stimulus. My old and respected preceptor, the late Sir C. Bell, says,* "The head and neck may be surcharged and bloated with blood, while the brain will preserve its natural condition as to the quantity of blood in its vessels. All qualities of life are maintained through the active circulation of arterial blood in the substance of the organ. The veins of the neck being pressed upon, as by violently turning the head, by inverted position, or partial strangulation, apoplexy is induced. Here it is not an accumulation of blood in the brain, but an interruption and stagnation, which,

* On the Questionable Practice of Bleeding in all Apoplectic Affections, and the different effects of Drawing Blood from the Artery and from the Vein. By Sir Charles Bell, K.H., &c. 1841.

equally with the rupture of a vessel, influences the brain, and diminishes the nervous energies. On the examination of the brain in such cases, the veins of the brain are turgid to an unnatural degree, accompanied with a corresponding compression of the arterial system. The blood is accumulated in the veins, and the circulation arrested, and the activity of the arteries diminished proportionally; we see, therefore, how sense and motion are diminished, and at length life extinguished, without rupture of a vessel. If this condition of the circulation could be with precision ascertained, bleeding from a vein would be preferable to opening the temporal artery." In this case this particular condition certainly existed, and I, therefore, bled from a vein.

In Abercrombie's celebrated work on the brain,* page 202, &c., he gives several instances of what he calls simple apoplexy from strangulation, which were recovered by bleeding from a vein; and also many cases of apoplexy with convulsions, which were apparently recovered by the same means, and shortly after died, without leaving any trace of disease behind. At page 286, he says, "In the treatment of apoplexy our remedies are few and simple. Those in which our chief reliance is to be placed are large and repeated blood-letting, active purgatives, and cold applications to the head, aided by an elevated position of the body, cool air, and the absence of all stimuli. The first bleeding should be from the arm. There are no symptoms which characterise a distinct class of apoplectic affections requiring any important distinction in the treatment; or, in other words, a class which, in their nature, do not admit of blood-letting."

Paris and Fonblanque, Drs. Ryan and Beck, in their works on medical jurisprudence, and Dr. Roget, in the "Cyclopædia of Practical Medicine," all recommend bleeding from a vein in cases of hanging.

There is a difference of opinion as to whether the jugular vein or one in the arm ought to be opened in asphyxia from hanging, which I will not enter into here. Had this man been situated in a favorable situation for opening the jugular vein, I should have done so at first; but I doubt whether he would have bled so well from it, as it was not until his arm was put into boiling water, and the muscles brought into action, that he began to bleed at all.

As to the charge of the quantity of blood being taken too large, I shall merely state that, four hours after he was bled, he had so much muscular strength left, that six men could not hold him on the bed, and, if there is anything in the treatment of the case I at all regret, it is that, when those violent convulsions came on, I did not bleed him from a vein again, in spite of the peculiarity of his pulse.

The common treatment for asphyxia, viz., exciting artificial respiration, &c., could not in this case have been successful; the right side of the heart aud lungs must have been gorged with venous blood, as well as the brain; and, before that congestion was removed from the brain, the respiratory nerves could not act.

I trust that I have now satisfactorily proved that, in asphyxia from hanging, bleeding from the temporal artery would kill by depriving the brain of its proper stimulus; bleeding from a vein, by taking off the pressure from the cerebral arteries, and relieving the congestion in the lungs, would stimulate the brain, excite the respiratory nerves, and restore animation; and that no other mode of treatment would be likely to succeed until this has been accomplished.

Rotherham, December 2, 1843.

* Pathological and Practical Researches on Diseases of the Brain and Spinal Cord. By John Abercrombie, M.D. Third Edition.

EFFECTS OF A LARGE DOSE OF QUININE ADMINISTERED BY MISTAKE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Since all facts tending to illustrate the pathogenetic action of remedies are valuable, and more especially so in the case of those whose modus operandi is little understood, I make no apology for transmitting the following brief case for insertion in your valuable Journal.

In November, 1841, a young lady, aged eighteen, of a delicate constitution and nervous temperament, was under the treatment of a medical friend of mine for severe hysterical symptoms. Almost every evening she had repeated fits—epileptic in appearance, although decidedly hysterical in character. The remedy administered was quinine, in combination with sulphuric acid; she began with six grains per diem, which was soon increased to ten, and afterwards to twenty. When she had been taking the medicine for about a fortnight, she received a six ounce bottle, containing six drachms of quinine in solution, with an ounce and a half of the dilute sulphuric acid; of which she was directed to take one teaspoonful at a dose in a wineglassful of water. Not regarding the directions, however, she poured out a wineglassful—about one-third of the bottle—and swallowed it.

Her first impression was one of extreme acidity of the mouth, and a most disagreeable sensation about the teeth. This was followed by nausea and extreme giddiness and tendency to stupor. Her friends, believing that she had taken a narcotic poison, insisted on making her walk up and down, after the manner generally recommended for narcotic poisoning. After this had been kept up some time, the stupor abated, and she passed into a state of semi-consciousness, with the feeling as if she was obliged to keep moving in spite of herself. She was intensely thirsty, and drank a great deal of water. But all the bad symptoms gradually subsided without medical aid, and the epileptic fits which were the occasion of the treatment did not appear for a very long time afterwards. Her catamenia were brought on immediately.

I am, Gentlemen,
Your obedient servant,
John M. Deere.

7, Market-street, Mayfair,
Dec. 18, 1843.

EXCISION OF INTERNAL PILES.

If the surgeon is determined to excise internal piles, the only safe way of doing so is as follows:—When the tumor is protruded, the base of it should be transfixed by a long needle, which will prevent it from returning into the anus. Then it may be cut off; and the cut surface being exposed to the air, will not bleed so profusely; or if it does, it is easy to apply cold, astringents, or ligatures.—*Mr. Druitt.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, DECEMBER 23, 1843.

The present condition of the community cannot be better described than in the words of Goldsmith—

> "Ill fares the land, to hastening ills a prey,
> When wealth accumulates and men decay."

And surely no country ever presented a more unnatural combination of wealth and refinement on the one hand, with wretchedness and barbarism on the other, than ours does at the present time. We need not describe the consequences of such a state of things if permitted to continue and increase. We need not say more than we have done of late, of the necessity of some well-organised and effective *system* for ameliorating the condition of the poorer classes. Uncombined, irregular, and unauthoritative exertions, whether made by private individuals singly, or by voluntary associations, praiseworthy as they may be, are quite inadequate. The evil is universal, so must be the remedy. To cope with it effectually, we want a development of that part of our social organisation which has already, by means of the clergy, provided in every parish an instructor and comforter for the poor. Let this already existing, legitimate, and authoritative system be fully carried out, and we need not fear the result.

The mere institution of "nightly refuges for the houseless," with the provision of a small modicum of food to prevent absolute starvation, does not meet the exigencies of the case. Useful enough they are, unfortunately; and some establishments of the kind must always form a part of every scheme for the benefit of the destitute in large towns; but they form a very small portion of what is required. It is the parochial visiting system on which our hopes must be placed.

It has been, therefore, with feelings of no little gratification that we have learned that energetic measures are in the course of adoption to ensure the fair working of this system in the metropolis. An "Association for promoting the relief of destitution in the metropolis, and for improving the condition of the poor by means of parochial and district visiting," has been commenced under high auspices. The object of this association is "not only to administer immediate relief in cases of extreme destitution, or of pressing want; but to improve the moral, social, and religious condition of the poor by means which have been tried on a limited scale in certain districts, and which have been successful in proportion to the completeness of the system which has been put in operation, and the care with which it has been worked. * * * An inquiry into the causes of distress and into the best means of preventing its recurrence by infusing into those who labor under it sound principles of action, and forcing them to habits of economy, industry, and foresight, is obviously necessary to ensure to the exertions of benevolence their proper results. Mere liberality in almsgiving, unaccompanied by an endeavour to remove the causes of that destitution which calls it forth, will not answer the requirements of Christian charity."

Whoever reflects that the health of the whole community is closely connected with the health of the lower orders;—that their health depends on their physical welfare, their supply of food, their means of cleanliness, and the proper construction and ventilation of their dwellings;—and that their means of procuring these elements of health are contingent mainly on their habits of industry, prudence, and morality,—will agree that the *general* condition of the poor is no foreign or extrinsic subject for the pages of a medical journal. As we have before said, next to the poor themselves, the medical fraternity would be most benefited by an extensive scheme of general charity. That part of their duties would be diminished which is the most laborious, the least remunerating, the most distressing to their feelings, and the most dangerous to their health.

Nor will the members of the medical profession be doing their duty unless they impress upon the higher orders how deeply they are interested in the welfare of those beneath them. It is in vain that they shut themselves up in their palaces "ceiled with cedar, and painted with vermilion," and avoid all contamination of contact with the wretches whose ill-paid toil serves to minister to their luxuries. Selfishness always meets with its just retribution. The lordly dwellers in Portman-square or Hyde-park-gardens may have to lament for their children cut off by some pestilence wafted from the neglected alleys of Marylebone.

REVIEWS.

Pulmonary Consumption successfully Treated with Naphtha. By JOHN HASTINGS, M.D., &c. London: Churchill. 8vo. pp. 120.

No medical proposition should be condemned solely on the grounds of its appearing visionary and improbable when first enunciated. Medicine is, in truth, a science of conjecture, and the therapeutic doctrine which it inculcates is, at best, but a rational empiricism. It is by experimental research rather than by those fixed laws which guide us in the abstract sciences, that we can hope to arrive at the truth in a science so unstable, and especially at the solution of the numerous problems with which that science abounds. Vaccination—the greatest boon which medicine has conferred upon humanity—was not discovered by a process of mathematical reasoning; its discovery was thoroughly and completely an *accident*. It is our duty, therefore, and it is in strict accordance

with the rules of medical philosophy, to discuss, calmly and dispassionately, any question, involving a great pathological fact, before we proceed to pass judgment upon it.

The discovery of a cure for consumption is, we freely admit, about one of the most startling, and, judging from the present state of the pathology of that disease, the least possible event that we could have expected. When we take into consideration the host of quacks and impostors who, from time to time, have flourished for a day on that tempting and profitable subject, it is not to be wondered at that we should receive with caution an announcement of so unorthodox a character as that which forms the burden of the volume now before us. In doing so, we are justified by the previous history of medicine, and it is, moreover, a wholesome check upon charlatanism; but to condemn a proposition unheard, and without giving it a fair trial, because it appears visionary and opposed to certain recognised laws, is, to say the least, prejudicial to the cause it is intended to serve, and not in accordance with those liberal and enlightened views which the investigation of truth always inculcates.

The substance of Dr. Hastings's volume may be resolved into the following proposition:—That pulmonary consumption is, in a great majority of cases, curable; and that the curative agent is pyro-acetic spirit, improperly called naphtha. The author does not pretend that *all* cases of the disease can be cured. He states that the instances in which the medicine is likely to do good are during the early stages, and in the purely chronic cases. Now, the first question arising out of the foregoing proposition is this:—Has an undoubted and well-established case of phthisis been ever cured?—and, if so, by what means? That tuberculous excavations have existed in the lungs, and that cicatrisation of these cavities, or, in other words, a spontaneous cure, has been subsequently established, is a fact which morbid anatomy has more than once revealed. M. Louis, it is true, is sceptical of the truth of this position; and as his views on this subject were fully discussed in a former number of this Journal,* it is unnecessary to repeat them here. We have published, from time to time, several remarkable cases of spontaneous cure of both tuberculous and simple abscesses of the lungs, and, amongst others, we may refer to those of Drs. Stokes and Graves.† The following passage, bearing upon this subject, occurs in a paper, the joint production of these eminent physicians:—"Several remarkable cases of phthisis," says Dr. Graves, "have occurred in my own practice, and in the practice of Dr. Stokes, in which the patients recovered either temporarily or permanently in a manner quite unforeseen and unexpected. In some recovery took place after the occurrence of abundant tubercular deposition and crepitus, and in others after the formation of tubercular cavities. Facts such as these ought to prevent the practitioner from placing too great reliance upon stethoscopic examinations as a positive means of *prognosis;* for it may be looked upon as established that phthisis, like most other diseases, *does not always necessarily progress to a fatal termination.*" If the experience of these distinguished pathologists has enabled them to form so decided an opinion on this important point, surely it is not altogether vanity to suppose that a remedial agent exists which may materially facilitate and promote the efforts of nature in effecting a cure during the early stages of phthisis. We have observed the effects of this medicine—pyro-acetic spirit, not pure naphtha—in two or three cases, and they were decidedly beneficial; but a sufficient period of time has not elapsed to show whether this good result will be lasting or not. The number of cases is, we admit, too small to prove anything, especially when we remember that phthisis is frequently checked for a short time by other therapeutic measures; but it is quite sufficient to encourage any unprejudiced practitioner to give it a further trial. We have also had an opportunity of examining the lungs *post-mortem* of a patient who had been taking the pyro-acetic spirit two months previous to his death. The medicine was not administered with the expectation of its effecting a cure, the case being perfectly hopeless from the period we first saw the patient. The lungs presented a very peculiar appearance. There was a large cavern in the upper lobe of the left lung. Both lungs were studded with tubercles of a smaller size, varying from that of a filbert to that of a small pea. These presented a remarkably dry appearance, closely resembling those found in the mesenteric glands, which rarely suppurate, and of that character which tubercular matter assumes when in a state of transition from a crude to a cretaceous condition. None of them were in the slightest degree softened, and they did not seem as if they would ever suppurate. The large cavern in the left lung did not present any unusual character.

We shall now briefly lay before our readers the principal points connected with the theory and treatment of tubercular consumption advanced by Dr Hastings.

"The reasons which induced me," says the author, "to deviate from that line of medical treatment which has so universally, and for so long a period, been in vogue, for that which I now submit to the profession, was the fatal termination of all cases, whatever was the treatment adopted, during an experience of upwards of twenty years. I was led to the conclusion, from a careful survey of the chemical analysis of tubercle made by Thenard, that it was defective,

* See Provincial Medical Journal, No. 66.
† Provincial Medical Journal, No. 70.

inasmuch as the composition of the animal matter, which amounted to upwards of 98 parts out of 100, had not been investigated. From the greasy nature of tubercle in its crude state, there did not exist the slightest doubt in my mind that carbon entered largely into its formation, and that its composition had a striking resemblance to fatty matter. In consequence of the loss of fat, so remarkable in the earlier stages of consumption, I determined to employ those compound agents, rich in carbon and hydrogen, which had not been previously used in medicine; not with the idea that they would make up the deficiency, which the system had sustained in the progress of the disease, but that such a change would, by that means, be introduced into the constitution as would act on the forces of the organism, at the point of departure from health, whether that took place in the stomach, blood, or elsewhere; that change, tending to such an affinity in the elements within the body, that the carbon, hydrogen, oxygen, and nitrogen, instead of assisting in the formation of products which threaten life, would tend to develope those materials only which are required for the perpetuation of health and the prolongation of existence."

Such are the principal reasons which have induced the author to have recourse to pyro-acetic spirit, and to expect benefit from its use. The following is the plan usually adopted by Dr. Hastings in administering the remedy:—

"I administer naphtha (pyro-acetic spirit) three times a-day, in doses of fifteen drops for an adult, mixed with a tablespoonful of water, which is proportionally decreased, according as the patient approaches youth. After the second or third day I increase the dose by about one-fourth, regulating its increase or decrease according to the absence or presence of nausea, sickness, or any other untoward symptom arising out of its use. As the disease advances, I increase the dose to forty, and even fifty drops, and administer it four times a-day, instead of three times."—p. 52.

Dr. Hastings performed a series of experiments in which tubercular matter—the presence of the characteristic globules of tubercle being previously ascertained by the microscope—was materially altered by contact with pyro-acetic spirit in a glass tube, and also by the vapor of that medicine passed through a portion of the intestine of a child enclosing a small quantity of the same morbid product. The result of these experiments has induced the author to recommend also the inhalation of the remedy. It should not, however, be administered in either form when we have reason to suspect the presence of pulmonary congestion; or even when a strong tendency to that condition exists. "The progress of improvement in the physical signs," says the author, "when sufficiently marked, invariably commenced with an amendment of the sounds arising from percussion. In no case did they begin by those of auscultation; consequently I am induced to form the opinion that as diagnostic signs those derived from auscultation take the precedence of those from percussion, or, in other words, that changes, such as prolonged expiration and very slight, feeble, and harsh inspiration may be detected by auscultation, when the sound elicited by percussion is not sufficiently appreciable to lead to any useful conclusion considered apart from auscultation."

The foregoing is a brief, but we trust correct, summary of the views of Dr. Hastings. His *theory* may not stand the test of rigid scrutiny; and our own experience in the therapeutic effects of the remedy he has introduced to our notice is not sufficiently matured to enable us to pronounce a decided opinion as to whether it will or will not fulfil the sanguine expectations of the author; but of this much we are certain, that pyro-acetic spirit is attended by prompt and remarkably beneficial effects when administered in the early stages of phthisis, and that it will henceforth take a prominent place in our *Materia Medica*. We, therefore, earnestly recommend our readers to give this new remedy a full and fair trial.

The high importance of the question involved demands at least an unprejudiced trial and an impartial judgment; and, moreover, they are due to the author, who has frankly and openly stated his views, without any attempt at concealment or mystification. For our own parts, we shall continue to prosecute our inquiry into the remedial effects of the medicine, and may, perhaps, at a future period, lay the results of our experience before our readers. We do not belong to that class of critics amongst whom an eager and indecent haste to condemn everything novel, which does not originate with themselves, seems to pass current as the pink of critical acumen.

A Practical and Theoretical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Skin, &c. By Erasmus Wilson, Consulting Surgeon to the St. Pancras Infirmary; Lecturer on Anatomy and Physiology in the Middlesex Hospital School of Medicine, &c. 8vo. pp. 407. London: Churchill, 1842.

We have carefully examined this treatise, by Mr. Wilson, on diseases of the skin, and have great pleasure in recommending it as a valuable guide to the acquirement of a knowledge of these troublesome affections. The system of classification adopted is designated by its author a natural one; the subdivisions are, in the main, though professedly founded on different principles, similar to those established by Willan, to whose merits, by the way, the author pays a just and appropriate tribute. The alterations, as far as they go, are judicious; and the separation of certain of the affections into groups, is not only useful in facilitating the acquirement of a more correct knowledge of the nature of those so separated, but might, perhaps, be advantageously carried farther than Mr. Wilson has attempted. There will, how-

ever, be much difference of opinion on this point, and the arrangement of diseases of the skin or other organs and tissues will long continue a quæstio vexata.

To refer to the work before us for illustration, it will be observed that the main feature of the system proposed professes to be pathological, and derived from a consideration of the special organisation of the dermoid system and its appendages. Yet we find one of the subdivisions characterised by the presumed cause or source from which the affection placed in it derives its origin. The truth is, that there are great advantages in considering and classifying diseases under different points of view, and upon different principles, as by this means we are enabled to take more accurate as well as more extended views of the relations of various morbid affections with each other, and to develop corresponding indications for their management and cure.

There is a curious opinion put forth by Mr. Wilson with respect to certain diseases classed together by him as specific congestive inflammations of the dermis, which is a singular retracing of the steps of modern observation towards the obscurity of a darker age, and unsupported, as far as we have been able to ascertain, by even the shadow of an argument. The author is endeavouring to vindicate the bringing together into one group diseases from three different orders of Willan—rubeola and scarlatina from the exanthemata, variola from the pustulæ, and varicella and vaccinia from the vesiculæ. There are, perhaps, sufficient reasons for his uniting these affections under one head; and, indeed, the separation of variola, varicella, and vaccinia—modifications of one and the same disease—must form a serious blot in any system of classification in which it occurs. We were not, however, prepared for the opinions advocated in the extract which we subjoin.

After quoting a passage from the "Elements of Medicine" of Dr. Robert Williams, pointing out the distinct nature of small-pox, and the specific contagious exanthemata, Mr. Wilson observes, and gives his opinion as a reason for grouping together the diseases alluded to,—

"I do yet continue to believe that rubeola, scarlatina, and variola, are diseases originating in the same morbid contagion, the differences between them depending on modification, either of the physical or of the vital conditions of the system, by which the contagion is received. That I may be wrong, is very possible; to prove me wrong, would be to perform a service to the cause of a science in which I, a zealous though a humble laborer, should rejoice. Variola once admitted into the sub-group, on either of the above grounds, varicella and vaccinia, which are undoubted modifications of variola, follow, as a matter of course, and one of the most natural of the groups of the present system becomes established."

Now, we cannot think that the onus probandi lies upon those who take the negative view of the question here propounded, and we call upon the author to point out any "modification, either of the physical or of the vital conditions of the system," in which the contagion of small-pox, whether received casually by inoculation, or through the milder process of vaccination, has been noticed by any competent observer to generate either measles or scarlet fever. The researches of Dr. John Thomson and others have gone far towards establishing identity of origin between small-pox and most, if not all, of the forms of chicken-pock; and those of Dr. Sonderland, Dr. Basil Thiele and especially of Mr. Ceely, a similar relation between variola and vaccinia; and a good though concise account of the facts and experiments of these authors is given in its proper place in the work before us, where these several diseases, or other forms of disease, are described. But we know of no similar grounds, nor, indeed, of any tenable grounds whatever, for the opinion here attempted to be revived by Mr. Wilson; and, if he have any such grounds, for which indeed we have searched the pages of his volume in vain, it behoves him strongly to bring them forward.

Mr. Wilson apologises to the physician for introducing the subject of the specific contagious fevers into his work at all. We do not see that this apology was called for, but, at the same time, we must own that his account of scarlet fever and its varieties fails to convey a graphic picture of that disease in some of its most formidable aspects. The author, indeed, seems to look too much to the eruption and too little to the constitutional affection; it would, however, require much more space than could have been devoted to it with propriety to enter fully into this subject. We expected also to have seen some notice of the eruptive typhus, which partakes very much of the characters of an exanthematous disease, and might have found a place in the same group with scarlatina and rubeola. There, however, are exceptions to the general excellence and completeness of the treatise; and we repeat that this work will be found a valuable guide to the study of cutaneous affections in general, and, at the same time, highly useful for its practical suggestions.

BIRMINGHAM PATHOLOGICAL SOCIETY.

August 5, 1843.

ALFRED BAKER, Esq., in the Chair.

Mr. Partridge brought before the notice of the society a specimen of aneurysm of the ascending aorta, which had ruptured, and discharged its contents into the left pleura.

The disease had occurred a long time since, previously to the introduction of the stethoscope, in a patient of Mr. Barrs, the gentleman with whom he served his apprenticeship. The patient was a gen-

tleman of energetic character; he complained of palpitations of the heart to a considerable extent on any exertion, and of shortness of breathing. Both Dr. John Johnstone and Mr. Barrs thought he had a disease of the heart. He went to London, and consulted Dr. Baillie, who attributed all the symptoms to indigestion. About two months after he saw Dr. Baillie he died suddenly, when in the act of stooping.

At the post-mortem examination, which was conducted in a very hurried manner, the heart and a portion of the aneurysmal sac were taken out; a great quantity of blood was found in the left pleura; the other organs were not found otherwise than healthy. The heart was rather larger than normal; the ascending aorta was dilated, so as to measure about eight inches in circumference, and was equally dilated at the portion where it was cut off, which was at the termination of the ascending portion in the arch, so that the arch itself must have been considerably dilated. The rent was situated in the left side of the ascending portion, and was somewhat under an inch in length.

Mr. Partridge said that he had not preserved notes of the case, nor was he, from the very hurried manner the post-mortem examination was conducted (as it was performed almost in spite of the objections of the friends), able to give a detailed account of it; but he thought it a very useful example of the doubt that existed in these cases previous to the introduction of the stethoscope.

Mr. Hodgson brought before the society the upper part of a tibia, in which was a large cavity, measuring about two inches across, and a drawing representing the appearance in its more recent state. The cavity was found to contain, on examination, after the removal of the limb, seven pieces of lint, seven inches long by two broad. The patient was admitted into the General Hospital with a large tumor a few inches below the knee, having an ulcer in it leading to a large cavity; with an abscess and extensive disease in the calf of the leg, and suffering from such an extent of constitutional irritation, that amputation of the limb was thought immediately necessary to give him the slightest chance of life. For the history and other remarks relating to the case, Mr. Hodgson requested Mr. Clarkson, his dresser at the General Hospital, to read his notes of the case, and said it was to Mr. Clarkson he was indebted for the very accurate drawing he had produced.

Mr. Clarkson then read the following particulars of the case:—

James Burton, aged twenty-three, by trade a collier, states that whilst working in the pit, about twelve months ago, a large piece of coal fell upon his left knee, producing considerable contusion. The accident disabled him from following his employment, although he was able to walk about until three months ago. During this time the part on which the coal fell was gradually increasing in size, without occasioning him much pain. Blisters were repeatedly applied by the surgeon who attended him, but without any obvious effect upon the swelling. Three months ago an abscess formed over the inner head of the tibia, which was opened, and from which matter has continued to escape up to the present time. The welling continuing to increase, and his constitution becoming impaired, he became an in-patient of the General Hospital June 17, 1843, under the care of Mr. Hodgson.

Present State.—June 20. The leg is bent at an obtuse angle with the thigh, but the knee enjoys some degree of motion, which is performed without pain. The joint appears unaffected, and the patella is perfectly moveable. The swelling is situated over the head of the tibia, principally on its inner side, where there is a hard protuberance, about as large as half a full-sized orange. Pressure on this part occasions no pain. On the outer side of the head of the bone there is also some enlargement, but not to such an extent as on the inner, and it is likewise softer, as though confined to the structures covering the bone. The whole surface of the swelling is irregular, and the integuments are discolored. No fluctuation can be discovered in any part.

After his admission, an attempt was made to save the limb, by means of rest, joined with a liberal diet and the administration of tonic medicines; but a large abscess formed behind the knee, which discharged a vast quantity of unhealthy pus, and so rapidly induced hectic, as to leave no other resource save amputation, which was accordingly performed by Mr. Hodgson on the 5th of July.

Examination of Diseased Part.—The knee-joint was healthy; the cartilage covering the condyles of the femur was in some places thinned, as though undergoing the process of absorption; that covering the articulating surface of the tibia was not thus affected. The head of the tibia was enlarged to nearly twice its natural size, but the principal part of this enlargement was confined to its inner side. The diameter from before backwards of this part was four inches and a half; from the tubercle on the anterior aspect of the head of the bone, round to the fossa for the attachment of the crucial ligament, on the posterior aspect, measured seven inches.

The boundaries of this part of the swelling were distinctly defined, extending anteriorly to the crest of the tibia and its tubercle; and posteriorly, terminating somewhat abruptly at the oblique line on the tibia, for the attachment of the popliteus muscle. When viewed from behind, it appeared to be attached to the tibia, very much in the form of a swallow's nest, being large and expanded above, but coming down almost to a point at the inner margin of the bone. Its surface, when divested of the soft parts, was rough, mammellated, and in some places scaly, these scales under the lens having a porous appearance, and looking as though deposited in distinct laminæ. About one inch from its attachment to the oblique line forming its posterior boundary, was a small aperture, through which some very fœtid pus escaped. The probe could be passed through this opening for a distance of three inches, into a soft substance, which readily allowed its passage. There was evidently a cavity beneath, for when the bone was pressed upon in this situation, it yielded under the finger, and a fresh quantity of pus escaped.

The remaining portion of the head of the tibia was enlarged, but was not so rough as that just described. The entire circumference was twelve inches, and its weight, including five inches of the shaft of the bone, was eighteen ounces.

A section of it was made, when the whole head of the tibia was found to be hollow, forming a cavity sufficiently capacious to hold four ounces of water. It was occupied by eight pieces of lint, seven inches long, and one inch and a half broad, which were soaked in a horribly fœtid fluid. The prominence on the inner side was a mere shell, formed entirely of new ossific matter; and the whole cavity was lined by a thick, dirty-looking, but very distinct, membrane, with here and there a few pale, flabby granulations. The man left the hospital, a month after the operation, perfectly well.

Mr. Hodgson said that, as already stated, the operation was necessitated, and urgently called for by the great constitutional irritation from which the patient suffered, which was so great as to render it probable that the patient could have survived only a few days had the operation not been performed, but that the flexed position into which the limb had got was an additional reason for amputation, for it is one very inconvenient and prejudicial.

Dr. Fletcher then exhibited the heart of an infant who had died with cyanosis, from bronchitis supervening upon it, having the foramen ovale open, and contraction of the orifice of the pulmonary artery, and transposition of the aorta and pulmonary artery—the pulmonary artery arising from the left ventricle, the aorta from the right.

Mary Hinton, a female, aged six months, was brought by her mother to Dr. Fletcher on the 10th of July, 1843. The skin was blue all over, especially around the lips, on the inside of the arms and thighs, and the edges of the lips and mucous membrane of the mouth were very dark in color. The child was very weakly, very liable to get difficulty of breathing on any exertion, and on crying, which much increased the blueness of the skin, and produced great exhaustion. At this time it was suffering from slight cold and bronchitis, which much increased the urgency of the symptoms.

Chest sounded loud on percussion, and the respiration was heard all over it on auscultation, accompanied generally with very slight mucous rattle.

The double sound of the heart was heard, but there was a bruit de soufflet to the left of the sternum, under the cartilages of the second and third ribs, accompanying the first sound. The functions of all other organs appeared healthy.

Diagnosis.—Communication between the right and left sides of the heart, with contraction of the pulmonary artery at its origin.

Treatment.—Quiet, rest, warmth, and attending to the secretions, were recommended as the only means of prolonging life.

The child continued for about ten days, when it gradually asphyxiated and died. The body was examined twenty hours after death; it was emaciated and of a blue color all over.

Head was not examined.

Chest.—Lungs congested, and mucous membranes slightly inflamed.

Heart.—About normal in size, but evidently more developed on its right than on its left side. The left auricle is much smaller than normal, and not more than one-third of the capacity of the right auricle; its appendix is much contracted; it communicates with the right auricle by an opening of the foramen ovale remaining, about a quarter of an inch in diameter. The auriculo-ventricular opening is about half smaller than normal, and about one-third the size of the right auriculo-ventricular communication. The left ventricle bears about the same proportion both to its normal size and to the capacity of the right ventricle, as the left auricle. The pulmonary artery arises from its upper and anterior portion; is much contracted at its origin, and about a third the size of the orifice of the aorta. The thickness of the walls of the left ventricle bears the same relation to the walls of the right, as in the normal adult heart the thickness of the walls bears to the left; the walls of the left ventricle, in this case, being about one-third of the thickness of the right. The right side of the heart, as already indicated, is larger than normal, and much larger than the left. The right auricle receives the descending and ascending venæ cavæ; and the aorta originates in the right ventricle, quite to its right side. The pulmonary veins, as normal, terminate in the left auricle. On looking at the anterior portion of the base of the heart, the pulmonary artery appears to occupy very nearly its normal position, and the aorta, situated to its right, encroaches a little upon its origin, just at which position its left side projects a little before the pulmonary artery. The ductus arteriosus is in the normal position, and remains sufficiently dilated to allow a probe to be passed along it with facility. Just above its opening into the aorta, a crescent-shaped edge projects into that vessel, so as to contract its calibre.

Dr. Fletcher then brought forward another heart of an infant, in which there was blue disease of the lower half of the body, and which was caused by the ductus arteriosus remaining open to such an extent as to convey about two-thirds of the blood from the pulmonary artery into the descending aorta, the two branches of the pulmonary artery being very small, nearly rudimentary.

Dr. Fletcher said the opportunity of presenting these pathological specimens induced him to make some remarks relative to the disease in which they were found to exist, and of which, notwithstanding the high and reputable names which opposed the notice, they must be regarded as the cause to a very high extent. It is not until late years that the true connection between these malformations and blueness of the skin has been laid down. It was M. Gintrac, in 1814, who first wrote a satisfactory monograph in his thesis, and which he extended afterwards in 1824. He at first took a very comprehensive view of the subject, as may be seen by the four species into which he thought it necessary to divide the disease:—

"1. Blue color of the skin, effected by a malformation of the heart, or by the persistence of those openings or channels of communication which exist in the fœtus between the pulmonary and general arterial systems, between the right and left sides of the heart, by which a mixture of dark venous and red arterial blood is allowed and circulated through the arterial system of vessels.

"2. Blueness of the skin, equally constituted by the mixture of venous and arterial blood just mentioned, but produced long after birth by any cause

which has re-established the channels of communication above indicated, or changed the mode of circulation in the cases where those channels still remain closed.

"3. Blueness of the skin, without mixture of the venous and arterial blood, coinciding with organic disease of the heart.

"4. Blueness of the skin, without communication either remaining or established between the two sides of the heart, developed after a menstrual discharge."

Thus it was thought by M. Gintrac that, although communication between the right and left sides of the heart, which caused a mixture of the dark-colored and red blood, was a very decided cause of blueness of the skin, still it was not the only cause, and he admitted all the blueness of skin under the denomination of "cyanose." Subsequent reflections induced him, however, to circumscribe more closely the definition, and only to apply it to "a disease constituted by the introduction of venous blood into the general arterial system by means of communications either between the right and left cavities of the heart, or the principal vascular trunks, accompanied with a livid and blue color of the skin and mucous membranes." To this we will restrict ourselves for a definition of cyanosis, at the same time bearing in mind that it does not include all blueness of the skin, which was well known to Corvisart, who says, "It is proved by examples that I have related that the permanent blue coloration of the face and integuments results from anormal communications between the cavities of the heart, yet many facts are on record which do not allow us to believe it always to be the case." (Essai sur les Maladies du cœur, Third edition, p. 314.) Others more recently, amongst whom may be named Ferrus, Breschet, Marc, Louis, Fouquier, and Crampton, have brought forward cases and statements to strengthen the reservation of Corvisart, and some have even gone the length of asserting that there is no connection or cause and effect between the mixture of venous with arterial blood and blueness of the skin, as stated by Gintrac, agreeing with the opinions of Senac and Morgagni, and powerfully advocated by M. Bouillaud. M. Ferrus states the following facts, which he calls new, as tending to strengthen his position, and which we may as well have before us as including the grand objections brought forward by the eminent physiologists by whom he is joined in this question:—

"1. Blue coloration of the skin has been seen to exist to a great extent without the post-mortem examination discovering any communications capable of permitting a mixture of the two kinds of blood, and without bringing to light any organic malformations either in the heart or organs of respiration.

"2. That the opening of Botal has been found open after many years have been attained by the individual without blueness of the skin ever having been observed; and,

"3. That the admixture and circulation of venous with arterial blood have been demonstrated to have occurred in some cases without having given rise to the change of color of the skin; as M. Breschet has seen, in an infant of about a month old, the left subclavian artery supplied by the pulmonary artery, thus permitting venous blood only to circulate in the left arm, and yet there was not the slightest modification of the color of the limb."

To these new facts and observations of M. Ferrus, it is now my province to state objections which it will be more convenient to do in the order he has adopted; and, first, it may be opposed that it has not been stated by any party that communication between the right and left sides of the heart, or between the large arteries, was the only cause of blueness of the skin, but it is stated to be a cause, and, when this cause and effect are combined, the disease is termed cyanosis, and, in order to render the case perfectly clear, I will state other causes which now come within my memory. It sometimes occurs immediately before menstruation, and has been seen after it, and in cases of amenorrhœa, in persons who have taken nitrate of silver, in cholera, and after some narcotic poisons, especially opium, blueness of the skin is at times seen, and it is common in asphyxia; but if M. Ferrus intends to say that, except in these or in some few other similar instances, blueness of the skin occurs, independently of organic disease of the heart, large vessels, or lungs, it must at least be objected that the fact has not been satisfactorily established. Indeed, in most of the instances above mentioned, as objections to the definition of cyanosis, the blue color of the skin must be said to depend upon some alteration in the state of the blood and impeded respiration, as when it occurs in connection with amenorrhœa in cholera, and from narcotic poisons, and, therefore, strengthens the position that blueness of the skin arises from the circulation of dark-colored blood. But yet it remains to separate those cases in which blueness of the skin occurs as the effect of organic affections of the lungs and of the heart without communications between its right and left cavities, and it is very well known to every tyro that anything that causes a stagnation in the venous circulation, or oppose, to the arterialisation of the blood, is a cause of a blue color of the skin. But any one of experience must acknowledge that these cases are sufficiently distinct from cyanosis as understood by the definition of M. Gintrac. They occur most commonly in aged persons; and by the physical means of investigation of disease we enjoy, the defect in the heart or lungs, to which the blue color of the skin is owing, is very readily detected. This view of the case, the article in the "Dictionaire des Sciences Médicales," by M. Marc, very much corroborates, although his name is placed upon the opposite side of the question by M. Ferrus. But whilst admitting that obstruction to the circulation may cause congestion of venous blood, and by that means a blue color of the skin, I by no means admit that it is impossible to distinguish the blue color caused by admixture of venous and arterial blood from that caused by obstruction to the venous circulation.

To M. Ferrus's second objection, it must be allowed that he is perfectly correct in his statement that there are many cases in which the skin is not colored blue, although ample communication exists between the two sides of the heart; and, indeed, so common is some communication, that it may be thrown into M. Ferrus's side of the question, that in three out of five adult hearts examined, it is possible to pass a probe through the Eustachian valve; and

M. Louis and others have recorded numerous instances which fully prove these facts. I have seen many hearts of children in which the communication between both sides of the heart seemed very free, and yet no alteration in color had been noticed to exist during life; and I have known many children who have become blue on crying or any exertion, and who, in after years, have completely got the better of this sign of communication between the two sides of the heart. But we must agree with Corvisart, Richerand, Cloquet, Gintrac, Bouillaud, and Copland, that the existence of an opening of communication between the right and left sides of the heart is no certain proof of the admixture of venous and arterial blood. To effect this admixture, it requires that the balance of the circulation on the two sides of the heart must be upset either by an inequality of the muscular power of the two sides, or by an obstruction existing on one side of the heart; and to throw dark blood into the general circulation, this must be on the right side, for an obstruction on the left would obviously have only the effect of throwing arterial blood into the pulmonary circulation. This view of the question we find most fully borne out by the account of the post-mortem examination of the heart in cases of cyanosis. In twenty-seven of fifty-three cases recorded by M. Gintrac, there was an impediment to the circulation on the right side of the heart, with persistence of the opening of Botal; and in the remaining cases, in which most extraordinary anomalous formations will be found, there is invariably such a disposition of the parts as tends to favor an admixture of the venous with the arterial blood, and nothing to favor the views of MM. Ferrus, Louis, and others, that cases of cyanosis depend simply upon obstructions to the circulation.

The third objection of M. Ferrus is by far the most imposing, strengthened as it is by the case related by M. Breschet—a fact which seems, as M. Bouillaud says, "a perfect miracle," since it would force us to believe that the color of the blood which circulates in the arteries has no effect upon the color of the individual; but to this fact of M. Breschet I have just laid before the society an exactly contradictory one, in the case of which I have presented the preparation of the heart of the infant in which the descending aorta is supplied with two-thirds of its blood from the pervious ductus arteriosus, and in which all the inferior portions of the body supplied with this mixture of arterial and venous blood were affected with cyanosis; whilst the superior parts of the body, supplied from the artery previous to its union with the ductus arteriosus, were of the natural color. This fact is still very valuable, as showing that the cyanosed color in this case certainly depended upon the color of the blood contained in the arteries.

Dr. Fletcher, in conclusion, referred to the definition of M. Gintrac as the one giving the best notion of cyanosis, and said that the disease may originate in malformation of the heart in the young, or from communications being opened between the two sides of the heart in the aged, which may be caused by partial obliterations of the coronary arteries, producing softening and ulceration from want of nourishment, or by abscesses in the septa, either phlegmonous or strumous, from deposit of tubercular matter.

GENERAL DIRECTIONS

FOR

CLINICAL OBSERVATION ON THE MORE IMPORTANT POINTS OF SURGERY,

DESIGNED FOR THE USE OF THE STUDENTS OF THE QUEEN'S HOSPITAL, BIRMINGHAM.

By Langston Parker,

One of the Surgeons to the Hospital, &c. &c.

[The following code of instructions for students seems to be so judicious and practical, that we publish it for the sake of our junior readers.—Eds.]

Accidents generally.

An accident being admitted, inquire of the patient and by-standers particularly the mode in which it has occurred, as this frequently will at once give an insight into the nature of the accident, which could not easily be obtained in any other way. If a wound, ascertain the kind of instrument which inflicted it—if a fracture or dislocation be suspected, the manner in which the force was directed which occasioned it, &c. &c.

To Detect Fractures.

Observe—whether there is any alteration in the length of the limb, as compared with that of the opposite side—presuming that the patient had not previously been the subject of congenital or other deformity, by which the length of the limbs had already been rendered unequal—Observe then, if the affected limb be shorter than its fellow—if it present a deformed appearance, being unnaturally twisted, owing to the bones no longer preserving their continuity—if it present inequalities, from one end of the bone riding over the other—if the power of motion of the affected limb is impaired or destroyed—to what extent and in what direction—if a peculiar sound termed "crepitus" is produced when the limb is rotated, or moved in certain directions, from the fractured extremities of the bones rubbing against each other—the stethoscope may be placed over the part suspected to be fractured, in order to hear the crepitus, if this symptom without it be obscure. This must not be confounded with a similar noise produced by motion in the articulations, and sheaths of the tendons. A certain amount of pain exists varying in degree and intensity, generally referred by the patient to the seat of fracture, produced either by the violence which broke the bone having injured the soft parts, or from the spiculæ or sharp portions of broken bone piercing and injuring the structures surrounding the fracture. A fractured limb when shorter than its fellow may generally, by extension, be made of the same length, but when the extension ceases the shortening again takes place. Observe—if any external wound exist communicating with the fracture. The violence which produced a broken bone has sometimes so contused the limb and given rise to so much swelling and inflammation, that many of the foregoing symptoms are not to be detected, some, however, must be present. Fractures may be confounded with dislocations—but both may exist at the same time.

To Detect Dislocations.

The limb is generally shortened, and cannot be made the same length as its fellow till the bone is re-placed in the socket from which it has been thrown. Observe then—if the affected limb be shorter than its fellow, everted or inverted—and in what respect rotation,

flexion, or extension, are difficult or impossible—how the axis or natural direction of the limb is changed—in what degree motion is impaired—if the limb be completely immoveable and useless, or to what extent power over it still remains. Sometimes a limb is lengthened by dislocation (of the femur into the obturator foramen), hence, observe—if lengthening of the limb after an accident coincide with the other symptoms of dislocation enumerated. When a bone is dislocated, the head is thrown from its natural socket to some part in the vicinity ; hence observe—in what degree the natural appearance, or rotundity of a joint is lost—if depression or a hollow be formed in place of this natural appearance—if a tumor (the head of the bone) exist in the neighbourhood of the deformed articulation. Compare the situations, relative positions, and distances of the great bony processes about the articulation with each other in the uninjured limb, and that supposed to be dislocated—thus, in the hip, compare the relative distances of the trochanter major, and anterior superior spinous process of the ilium with each other, and the border of the patella on the uninjured and affected side. In the elbow, compare the relative position of the condyles and olecranon—in the shoulder the acromion and coracoid processes, &c. &c. &c.

In Wounds Generally.

Observe correctly, if the wound be incised, contused, punctured, or lacerated—its depth—the important parts divided, or injured—the kind of instrument which inflicted it—the anatomical character, or local organisation of the parts in which the wound is seated—the primary and consecutive symptoms which have accompanied, or succeeded to its infliction—as the loss of a greater or less quantity of blood—whether venous or arterial—if any tumor make its appearance in the vicinity of the wound, particularly if the latter be near a large blood-vessel (circumscribed or diffused false aneurism)—the character of the pain which is present—if in the course of large nervous trunks—the loss of motion, or sensibility which succeeds—stiffness or rigidity of the muscles of the face or other parts.

In Injuries or Wounds of the Head.

Observe whether the scalp be injured, and the nature and extent of the injury, and accompanying symptoms, as in wounds generally—whether this be or be not accompanied by fracture of the skull, and the character and extent of such fracture—if the bone be merely fissured, or depressed to a greater or less degree—or accompanied by wound of the brain or its membranes. Observe—whether the intellect, senses, general sensibility, or voluntary movements are affected—the state of the pupil—breathing—sickness—pulse—involuntary discharges of urine, or fæces—if any bleeding from the ear, or nose—mark particularly at what period these symptoms come on—if primary or immediately produced by the injury, or consecutive—succeeding to it at a greater or less period of time.

If the disorders of the intellect—senses—sensibility, or movements be primary, they may either depend on concussion, i. e., upon the brain being shaken so that its powers are for a period destroyed, without any appreciable lesion of its structure, or upon its substance being compressed, by effusion of blood within the skull, depressed portion of bone, or a foreign body in the wound. If secondary, they may result from hæmorrhage slowly going on within the skull, inflammation of the brain or its membranes, or pus effused.

Wounds of the Chest.

Observe—the nature of the wound as in wounds generally—if the pleura has been opened—if the viscera or great vessels have been injured—if spitting of blood or emphysema be present—if there be a foreign body in the wound. If blood flow externally, observe its character, whether arterial or venous, and whether furnished by the vessels from the interior of the chest, or from those of the parietes. Observe the condition of the breathing, and have recourse to auscultation and percussion to ascertain if internal hæmorrhage be going on.

In Wounds of the Abdomen.

Observe—the character and situation of the wound, as in wounds generally—if the viscera protrude observe carefully their condition, whether inflamed, gangrenous, or perforated—if not protruded, and the wound deep or penetrating they may be wounded, and their contents extravasated—observe, therefore, the character and situation of the pain which succeeds—whether general tenderness prevail or a burning pain at first of a more local character, and confined at first to the hypochondriac, epigastric, or hypogastric regions—observe again whether blood is vomited, or passed by the urethra, or by stool, and what passes from the wound itself, whether blood, arterial or venous, chyle, fæces, bile, or urine.

Observe again, the general state of the patient—the pulse and breathing—whether he complain of debility or faintness—if sick—skin or extremities cold—countenance pale or ghastly—or cold perspiration be present. If these symptoms exist, there is probably wound of a large vessel, and internal hæmorrhage may be going on.

In Diseases of Joints.

Ascertain the history of the disease—if the patient has been previously subject to gout or rheumatism, has been lately taking mercury, or is then laboring under gonorrhæa. Observe then, the character and degree of pain, and at what period of the day or night it is worst—if the swelling alter the form of the joint—if in the knee, whether the swelling occupy the bottom part of the anterior surface of the thigh, and either side the patella—if in the elbow, whether it be situated on the back part of the arm, above the olecranon, and under the extensor muscles—if in the ankle, whether it occupy the intervals between the tendons and ligaments—if in the hip, whether the swelling occupy the groin and nates—if a feeling of crepitus be present when the joint is handled. These symptoms indicate most probably that the synovial membrane of the joint is in a state of acute or chronic inflammation.

Again; observe—the age of the patient—and previous constitution—whether the pain having been at first slight like rheumatism, has become severe and constant, particularly at night—and the patient find relief only in a particular position of the limb. If the disease affect the hip, whether the pain spoken of be in the hip, or knee, or foot—if aggravated by the motion of the joint, and by pressing the two articular surfaces against each other by grasping the foot, and forcing the head of the femur against the acetabulum.

Observe again, the degree of tenderness about the joint—if the glands in the groin are enlarged, or disposed to suppurate—if the nates are flaccid and wasted. Mark particularly the length of the limb as compared with the healthy side.—It may appear shorter, but at this period is not really so—to prove this, measure from the anterior superior spinous process of the ilium to the border of the patella on either side and compare.

The limb may be really shortened by the muscles pulling the bone upwards, when the ligamentum teres, and a greater or less portion of the head of the femur has been destroyed by ulceration. Observe then carefully—if shortening exist—if the foot be inverted or everted—these symptoms present might lead to a suspicion of dislocation or fracture, but the previous history of the case would clear up the point.

In the advanced stages of disease abscesses commonly form. Observe then, if there be tumor over the vastus externus muscle, in the inside of the thigh, &c.—shivering—hectic fever.

These symptoms would lead us to suspect ulceration of the cartilages of the hip. This disease may be confounded with inflammation of the synovial membrane—scrofulous disease of the bones—or chronic inflammation of the soft parts about the hip.

If Disease affect the Knee.

Observe if the pain has become gradually more intense, particularly at night, and if a swelling having the form of the articular ends of the bones, has about this time come on, whilst at the same time the limb has wasted. (Probably ulceration of the cartilages.) All pains in the joints must not be confounded with, or supposed to arise from, ulceration of the cartilages, since they may depend on inflammation of the bones or ligaments, or may be merely local nervous affections.

As *Complications*, serum or synovia may be effused into the joint, or abscesses may form, or again the joint may become dislocated from ulceration of the ligaments.

The great point to be observed, in attempting to form a correct diagnosis of the real nature of the disease, is to obtain a correct history of the primary symptoms.

Scrofulous Disease of the Bones, entering into the composition of joints, must not be confounded either with synovitis or ulceration of the cartilages. In order to diagnosticate correctly, observe the age of the patient—generally occurs in children, is rare after thirty—observe if after slight pain and weakness have been for some time present, a puffy, elastic, and œdematous swelling make its appearance, with pain and lameness—if abscesses form, discharging a curdy pus—if the sinuses they form lead down to carious bone. The disease slow in its progress—not attended by much pain, unless the cartilages are diseased—may terminate in a cure with or without anchylosis, according to the extent in which the cartilaginous articulating surfaces are destroyed; or again, hectic fever may set in, the other structures of the joint become implicated, and the patient sink and die, unless amputation be performed.

A *peculiar Change of Structure* in the synovial membrane occurs occasionally in persons not much above the age of twenty. In this disease the synovial membrane is converted into a thick, pulpy substance, interspersed with white membranous lines, and red spots formed by vessels filled with blood—the cartilages are generally in a state of incipient ulceration. In order to ascertain its existence—observe—if the affection have commenced with slight stiffness and swelling—the swelling not having the form of the articular ends of the bones—but being of the same shape as in synovitis—if pain be absent—or nearly so—if the swelling be soft and elastic, as though it contained fluid. In the latter stages the cartilages ulcerate—abscesses form—hectic fever comes on—death, unless amputation be performed.

Tumors.

To arrive at a knowledge of the character and nature of tumors, observe—the constitution and age of the patient—the length of time the tumor has been coming—if congenital—has appeared suddenly, or grown quickly, or slowly—if any members of the family have had tumors of similar character—the form—smooth, uneven, lobulated, &c.—the size—the feel—whether hard, soft, pulpy, œdematous, emphysematous, elastic, fluctuating, of stony hardness, or pulsatory—the color of the skin which covers it—whether this is adherent to the tumor or not—if detached and moveable, or has contracted adhesions to the surrounding parts—if pain or inflammation have preceded or accompanied its formation—if the former, its degree and character—whether dull, throbbing, acute, or lancinating—occurring at intervals, or constantly present—observe the situation of the tumor, whether on the course of a great blood-vessel—or near the natural openings of the body—if in the groin—the upper part of the thigh—the vagina—the umbilicus—the linea alba, &c.—if it dilate or become tense when the patient coughs—the anatomical character of the parts in which the tumor is seated—if the lymphatic glands in the vicinity are large and painful—whether the patient have ever had tumors before, and if they have been removed by operation—if the tumor be pulsatory, notice whether, by compressing the vessel upon which it is seated, between the tumor and the heart, it becomes flaccid—notice the sounds communicated to the ear when the stethoscope is placed upon it.

DR. WILLIAMS ON THE PATHOLOGY OF CELLS.

We make the following extracts from an original and elaborate paper by Dr. T Williams, published in the October Number of the "Guy's Hospital Reports:"—

PUS AND MUCUS CELLS.

Whatever may be their source, or the mechanism of their production, pus globules present the following physical characters:—

They are more or less perfectly orbicular *cells;* the *external* surface of which is studded with granules, which sometimes are so obvious as to impart a *crenated character* to the cell-capsule; for the most part furnished with a nucleus, sometimes with two nuclei; under other conditions it is altogether destitute of nucleus. Generally, the cell contains but few primitive molecules, according to the number of which its degree of pellucidity and transparency is

determined. The three varieties here described as the most common and prevalent modifications which the true pus-corpuscle assumes appear, from the local and constitutional circumstances under which the peculiarities are respectively generated, to be determined essentially by differences in the organic qualities of the matrix or blastema from which they immediately spring. The uni-nuclear corpuscle, which exhibits all the indications of a definitively organised structure, is always found in the secretion which bathes the surface of a recent healthy suppurating wound; it may, indeed, in conformity with the vernacular conventionalities of surgery, be called a *laudable corpuscle*. The second variety — the binucleated — is most frequently discovered in recent phlegmonous collections of pus in a healthy, actively-produced abscess. The third form, in which the nucleus body is altogether absent, occurs in the ill-conditioned secretion of old chronic and unhealthy wounds; the cell capsule, also, in this description, is very attenuated, and the contained granules few in number, all conspiring as indications of an inferior and imperfect organisation. It is evident from these facts, which so clearly tell the tale of the patient's condition—or, in more scientific language, which so explicitly express the measure of organising power possessed by the product of the local excitement—that it would obviously harmonise with the best principles of surgery to maintain that the *double nuclei* are evidences of a high standard of organisation in these varieties of corpuscles. No pupil in this school requires to be lessoned into a knowledge of the elementary truth, that the state of an ulcer is a significant and valuable exponent of the measure of organising or healing power enjoyed by the general system. It is by the detection of such happy coincidences between the demonstrations of this splendid auxiliary (the microscope) to man's limited and myopic sense, and the results of rational and inductive experience, that its practical value and useful applications can be rendered convincing. There is a remarkable analogy between the most inferiorly-organised pus-corpuscle and the *mucous* globules. These likewise are orbicular bodies, sometimes endowed with a nucleus, and sometimes destitute of this part. In pus, as well as mucous globules, the position of the nucleus, with respect to the mathematical centre of the vitelline capsule, presents several variations — sometimes it is quite central, sometimes more or less excentric, and frequently it is observed to be adherent to the parietes of the vitelline or cell-membrane. There is no doubt that this little circumstance should be interpreted into a proof, whether normal or diseased, of organic distinction between these varieties of corpuscles. It is a remarkable and most interesting fact that the corpuscles found in inflamed and healthy mucus manifest no structural, physical differences; in mucus, however, produced by an inflamed surface, they are considerably more numerous than in the healthy secretion. Without observing the homage which the fascinating plausibilities of many ingeniously-pictured theories almost constrain us to pay, may it not be safely said of the fact just expressed, that it proves that *inflammation*, especially when attacking an extended open surface, like a mucous tract, consists essentially of nothing more than a preternatural stimulus or impulse received by the affected part, under which its natural functions acquire such an unusual augmentation, that the process is typically and truly one of *vigorous nutrition*.

When an effusion of liquor sanguinis, dissolved in a large quantity of *serum*, takes place—as in pleurisy, peritonitis, and pericarditis—a membranous *layer* of tenacious substance is deposited upon the inflamed surface, in quite a mechanical manner. This is found to consist of extremely delicate filaments, intersecting each other in every possible direction, and corresponding in every particular with the fibrils existing in any clot of fibrine. The meshes of the filaments are occupied by globules of pus, which bear a very close resemblance to the corpuscles of mucus, or to the low-organised pus; this circumstance probably depends upon the dilution of the liquor sanguinis with serum. But whether so or not, these microscopic analogies between the solid organised constituents of certain varieties of pus and mucus may certainly be regarded as proofs additional to, and confirmatory of, the results originally obtained by the experiments of Dr. Babington, and subsequently by the observations of Dr. Golding Bird and Dr. Rees, in reference to the ready convertibility of pus and mucus. In diameter, the corpuscles of pus exceed by about three times those of the red particles of the blood. By most physiologists, this fact is construed into an evidence of the mechanical difficulty which must oppose the escape of the corpuscle, as such, ready formed, from the interior of the capillary vessel; and since, by the recent improvements in the art of minute injection, anatomists, having acquainted themselves with the measurement and characters of nearly all the capillaries of the body, have now the means in their possession of ascertaining the relation between the volume of the red particles and pus-corpuscles, and the diameter of the capillary channel; and therefore of determining and settling the question, that it is impossible for a full-grown pus corpuscle to *circulate* through a capillary vessel; and, consequently, that it could not have thus originated in the liquor sanguinis whilst yet contained within the vessels. It is well known that Müller long since, with his characteristic labor and originality of argument, which in the present day would be deemed supererogatory, has gravely marshalled every fact, orthodox in physiology at the period at which he wrote, in maintenance of the position that pus-corpuscles are *generated* by a process of organisation in the *product* of the disordered secretion of the part—a theory which is directly opposed to the views of those who regard pus as a morbid *secretion* proceeding immediately, and ready elaborated, from the blood. The rapid advances which the *cell theory* of nutrition and secretion has recently made, have rendered quite untenable the idea that elaborated pus can pre-exist in the blood. The ascertained evidence with respect to the production of pathological fluids is yet too limited to allow any generalisations; but it may be confidently stated, that the ultimate pus-corpuscle finds no corresponding element or analogue in any normal tissue or fluid in the body. In the developed state, therefore, it is unquestionably heterologous from, and alien to, all the healthy and ordinary ultimate constituents of structure. Ist

departure in physical characters from the cells normal and proper to the part, on which the pus-corpuscle is formed, may be due to the operation of one of two causes: either the corpuscle, ab origine, must be produced, constructed in its earliest germ on faulty principles, and from a matrix of morbid quality; or its first production must be in strict accordance with the natural cell-forming process of the part, but that *subsequently*, under the agency of some unhealthy influence, the development of the particle is completed on a perverted, although determinate, plan.

Considerable labor and attention have recently been devoted to the subject of the chemical analysis of purulent fluids by the French chemists M. Darcet and M. Conte. They appear to concur in the conclusion, that these fluids contain but a very small proportion of fibrine, whilst they afford a considerable proportion of albumen. Is it not probable that this circumstance—the paucity, namely, of *organising material* (fibrine)—may afford some explanation of the *slender* inferiorly-organised character of the pus-corpuscle?

MEDICAL RELIEF TO THE POOR.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Lord Ashley has written to remind me of his intention to bring the subject of medical relief to the poor before Parliament at the commencement of the ensuing session; and I beg your permission to remind the members of the medical profession, through your Journal, that his success in obtaining a committee must depend upon the number and accuracy of the facts he may be able to bring forward in proof of the necessity of a full and fair inquiry into the subject.

I am greatly obliged to those gentlemen who have been so good as to communicate with me during the last twelve months, and will beg of them to write between the 10th and 20th of January, if any change should have taken place in the facts and circumstances they then made me acquainted with.

I need hardly repeat to the members of the profession that this will be, in all probability, the last opportunity they will have of obtaining redress for their own grievances, and those of the unfortunate poor committed to their charge.

I shall be happy to present any of those who are particularly interested in this subject to Lord Ashley, and to give them every opportunity of explaining to him their own views. He has no predilections, and is only desirous of doing that which it may be just and right to do for the poor, and for their medical attendants.

It is exceedingly desirable that all who have influence with members of Parliament should lose no time in interesting them, to the utmost of their ability, in supporting and promoting Lord Ashley's inquiry.

I have the honor to be, Gentlemen,

Your very obedient servant,

G. J. Guthrie.

4, Berkeley-street, Dec. 16, 1843.

CAUSES OF CANCER.

The causes of cancer are twofold. 1st. Perpetual local irritation; hence the origin of cancer of the penis in persons whose prepuce is long, and who are not careful to wash away the irritating secretions of the corona glandis; and of chimney-sweeper's cancer from the irritation of soot. 2ndly. A peculiar cachexy or morbid state of the constitution, which sometimes is congenital and seems nearly allied to scrofula; sometimes appears to be caused by depression of mind and other circumstances that impair the powers of digestion and nutrition.

Whether the disease arises from local irritation, or from constitutional disposition, the cancer cells are not long confined to the part where they are first developed; but their nuclei most probably pervade the entire mass of fluids, and are deposited into other parts. Yet, when the constitutional predisposition is not strong, the disease may be supposed to be for some time confined to the part first affected; and hence, if removed at an early period, the contamination of the system at large may be prevented.—*Mr. Druitt.*

ELECTION OF MR. JOHNSON, AT ST. GEORGE'S HOSPITAL.

[*From a Correspondent.*]

Mr. Henry Charles Johnson has been elected assistant-surgeon at St. George's Hospital, a vacancy having been created by Mr. Babington's resignation of the surgeoncy. Mr. Charles Hawkins, a *protegé* of Sir Benjamin Brodie, and supported by all that gentleman's influence, as well as by that of the medical officers of the hospital, was an unsuccessful opponent of Mr. Johnson's. Although a gentleman of good abilities, and fair surgical acquirements, it is obvious that his claims are not comparable to those of Mr. Johnson, who has for a long time discharged the onerous and unprofitable duty of anatomical teacher in the Kinnerton-street Medical School; whilst Mr. Hawkins's name is unknown beyond his own private circle. *On dit*, that a certain royal duke, famous for thinking aloud, said to himself, rather too audibly, on entering the board-room of the hospital, "Well, here I am, come to vote for Mr. Hawkins; but I know that Johnson is the best man for all that."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, December 15, 1843.

J. Hales, F. F. Dukes, J. Phillips, G. C. C. Lunn B. V. Asbury, T. Ballard, H. Terry.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 170.] LONDON, SATURDAY, DECEMBER 30, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CASE

OF

PERFORATION OF THE BLADDER BY MISTAKE DURING PARTURITION.

GRADUALLY INCREASING DEFORMITY OF THE PELVIS—DEATH WITHOUT DELIVERY.

By E. J. Shearman, M.D., of Rotherham.

[Read before the Sheffield Medical Society, December 14, 1843.]

In 1839, I was called in to see a woman, about thirty-five years of age, in labor with her fourth child. I found a practitioner had been in attendance on her about three days. He told me that as she had latterly become deformed from disease, there was not sufficient room in the pelvis, and he had perforated the head, but could not deliver her. On examination, I found the os uteri dilated to about two inches in diameter, the liquor amnii in the membranes, and the vertex presenting naturally; in fact, in the first stage of natural labor. But I also found a rent in the anterior part of the bladder, so large as to admit easily three fingers, which had been made by the perforator, the operator having mistaken the distended bladder for the head of the fœtus. After waiting some hours, finding there was scarcely any uterine action going on, I gave the secale, which produced very violent heaving pains, and brought the forehead into the hollow of the sacrum, and she was eventually safely delivered with the forceps. A number of contrivances were tried to relieve her from the loathsome state which the continual draining of the urine through this hole in the bladder produced, but nothing was very effectual. At last she got into the habit of holding her urine for about two hours when walking about, and kept herself comfortable by wearing a sponge in the vagina. Her health became worse, and the pelvis more distorted. In June, 1842, I again attended her in labor. She had then an arm presentation. I turned; delivered all but the head; but, although I had the face in the sacrum, I had the greatest difficulty in delivering the head with the craniotomy forceps, even after I had evacuated most of the brain through the foramen magnum. I then told her, most positively, if she ever became pregnant again I would not attend her. But on the 9th of December, 1843, I was induced again to go to her assistance, upon the earnest entreaties of her husband.

I now found the pelvis smaller than ever; a presentation of a small part of the placenta, with the left arm, the liquor amnii having been discharged many hours; the poor woman very feeble and decrepid; much shorter in stature; pains at first rather active; os uteri very rigid, so as to prevent me from turning the fœtus for some hours. I seized the earliest opportunity of doing so, in consequence of the hæmorrhage accompanying every pain, and, with very great difficulty, brought the feet through the os externum in their proper position. The labor pains ceased; she began to sink. I administered the secale pretty freely, with nourishment and stimuli; the secale acted a little, but not sufficiently to aid the expulsion of the fœtus. I, therefore, gradually proceeded to deliver, but I could not get the head through the brim of the pelvis; and it was so high up, and there was so little room, I could not succeed in applying any kind of forceps. The poor woman gradually exhausted, and at last became so low that I could feel no pulsation, but she could take nourishment. I felt certain she would die under the operation of perforating the head; I, therefore, explained the nature of the case to her friends, and watched for a favorable opportunity of effecting delivery; but she continued to sink, and died with the head undelivered.

I made a post-mortem examination, and found the distance between the pubes and sacrum scarcely two inches and a half, and not much more in the oblique direction; the brim of the pelvis very much deformed, so that it was totally impossible to have effected delivery with the forceps; for I was obliged to evacuate all the brain, and lessen very materially the size of the head, before I could bring the head into the brim of the pelvis after death. Had I been aware of her last pregnancy, I should have induced premature labor at the proper time.

The uterus and bladder were presented to the society for inspection. It distinctly shows the large opening in the bladder which the poor woman labored under for the last four years. The meatus urinarius and urethra were totally closed; in fact, there was no trace left of any urethra.

In recording this case, I may, perhaps, be allowed to allude to the great advantage which results from that gentlemanly and honorable kind of professional and friendly intercourse, which ought always to exist between the members of our own liberal profession, so as to allow us to call each other in to such a case as I have now described, in time to prevent so lamentable an occurrence.

December 23, 1843.

TREATMENT OF MALIGNANT DISEASE.

The general rules for the treatment of malignant disease are these:—If the case is decided, any palpable disorder in the health should first be removed, by alteratives and tonics, and then the disease be extirpated as soon as possible, provided it can be done with safety. If the case is doubtful, an alterative plan of treatment must be pursued, which will cure the disease if it be not really malignant,—retard its progress if it be. Again, if the case is decidedly malignant, but extirpation is deemed impossible or unjustifiable, the rule is the same: the health must be improved and the disease as far as possible retarded.—*Mr. Druitt.*

CASE
OF
RUPTURE OF THE UTERUS,
IN A WOMAN WHO HAD TWICE UNDERGONE THE CÆSARIAN OPERATION.

By W. Bowen, M.D., of Massillon, Ohio.

Mrs. S., after having had four unfortunate labors, two of which (the third and fourth) were terminated by the abdominal section (her accoucheur, Dr. R. Estep, supposing she had deformed pelvis, which would render delivery of a living child at full time impossible), had the good fortune in her fifth confinement, to give birth to healthy and vigorous twins, at full time and of large size; but falling in labor the sixth time, she suffered laceration of the uterus, and survived but a few hours.

For the details of this last labor, I am indebted to my friend C. H. Preston, M.D., an intelligent practitioner of this county; for the history of the preceding one, I am under obligations to Dr. Robertson, a skilful and popular physician of the adjoining county (Columbiana), while a circumstantial account of the third and fourth labors, in which the abdominal section was deemed necessary, and performed by Dr. R. Estep, has been published by the operator in the July number of the "Western Journal of the Medical and Physical Sciences" for 1836. As it may be fairly inferred that the disastrous termination of the last labor of Mrs. S. was owing mainly to the weakened condition of the uterus at the place where it had been twice incised—and as the circumstances under which such bold and dangerous surgery had been previously practised, are given with some minuteness in the published report—the interest and value of the case which it is more especially our object to communicate at this time, will be enhanced by presenting to the readers of this Journal such portions of that report, as seemed to the reporter to embody the best reasons for his practice.

In 1830, Dr. Estep informs us, he was called to attend Mrs. S., aged about twenty years, in her first labor: delivery was accomplished by the forceps; suspecting deformity of the pelvis, he made an examination and "found the antero-posterior diameter contracted to such a degree, as to preclude the possibility of her ever giving birth to a living child approaching the ordinary size."

In 1832, he attended this woman again, and succeeded, with some difficulty, in delivering her with the forceps of a "very small dead fœtus;" a more careful examination of the pelvis was now made, and it was found that the sacro-pubic diameter at the superior strait was reduced below two inches.

In 1833, Dr. E. says, he was called a third time to attend Mrs. S., in labor; she informed him that she had been in labor several hours, and that during the third or fourth pain, she distinctly felt something "give way." From this account, Dr. E. suspected rupture of the uterus; he immediately introduced his hand, and "thought" he discovered a rent in the anterior wall of that organ, near its middle. Turning the child, with a view of delivering by the feet, was determined upon (the presentation was one of the vertex). The feet were brought down and the trunk delivered, but no efforts were sufficient to induce the head to pass. "After three hours indefatigable exertion," he says, "I was unable to get the head engaged in the superior strait. Relinquishing all hope of success by this artifice, and being thoroughly assured of the child's death, I now separated the head from the trunk, in the vague hope of being able to get a better diameter of the head, or by locking the finger into the chin, to be able to apply a more efficient force; but in this I was likewise unsuccessful." After fruitless endeavours to extract the head with a perforator, Dr. E. proposed and performed the section of the abdomen; he found a slight rent in the uterus, which he enlarged to the extent of five or six inches, and extracted the head through it; the placenta was delivered by the natural passages; the wound in the abdomen was closed in the usual manner, and the woman recovered in a short time.

In 1835 Mrs. S. was again in labor, and Dr. E. was called in consultation with Dr. Tolerton. This call, Dr. E. says, he was prepared for, by having "every instrument and agent which could possibly be called for in requisition, carefully packed up, where I could lay my hands on them at any moment." On reaching the residence of the patient, and examining per vaginam, he found "an arm presentation and a dead child." The evidences of the child's death are not given. The Cæsarian operation was again resorted to, without attempting delivery by any other method. This operation was as successful as the other; a dead child was extracted through the opening, and the woman soon recovered.

In 1838, Dr. Robertson was called to see Mrs. S., who was again in labor. On reaching the house, he says, "I found she had given birth to healthy and vigorous twins; their large size, and the globular form of their heads, left me no room to doubt the mother's having a tolerably ample pelvis. I removed the placenta, and satisfied myself that the pelvis *was not* as faulty as had been charged. Making a pelvimeter of my hand, which I introduced for that purpose, I placed the ulnar edge of it upon the sacral projection, while its radial aspect scarcely touched the ossa pubis, thus giving the sacro-pubic diameter a space of about three and a half inches."

In 1841 my friend, Dr. Preston, wrote me as follows:—"Last week I was called to see Mrs. S., in consultation with Drs. Robertson and Carey; I learned that the labor had begun about eighteen hours previously; that a midwife had been called in, who found a vertex presentation, and gave promise that the labor would soon terminate. The uterus had been acting with great energy, when suddenly the woman exclaimed, 'Something has given way.' Considerable hæmorrhage ensued, with vomiting and syncope; the uterine contractions ceased. In this condition Drs. Robertson and Carey found her, and matters had not improved any when I arrived. Examining per vaginam, coagula of blood were found, but the child's head was not within reach of the finger. These evidences, with those furnished by an external examination of the abdomen, made it plain that the uterus had ruptured, and that the child had escaped wholly or in part into the abdominal cavity. I proposed attempting delivery by introducing the hand and searching for the feet, with a view of bringing the child back through the rent in the uterus, and

delivering it footling through the natural passages; but my colleagues, without doubting in the least the practicability of this method, were disposed to regard the woman as moribund, and to prefer that mode of delivery which would least endanger the life of the child, if, perchance, it still survived; they, therefore, insisted on resorting to the abdominal section. Observing that a division of the abdominal integuments through the old cicatrix would be unattended with pain or hæmorrhage, owing to its imperfect union and organisation, I acquiesced in the propriety of the measure, and I am certain that no mode of delivery would have saved the woman. Dr. Robertson performed the operation. We found the child dead, and almost entirely in the abdominal cavity, the uterus having given way through the whole extent of the former cuttings. After the child and secundines were delivered, the woman seemed to revive; but her last labor had come. She survived about thirty-six hours." Before leaving the patient, Dr. Carey took special pains to ascertain the true dimensions of Mrs. S.'s pelvis; he avers that the transverse and conjugate diameters are of good size, but that the depth of it posteriorly is less than usual.

It will be perceived that the parties who paid obstetrical attentions to Mrs. S. have joined issue in regard to the size of her pelvis. Dr. E. assures us that the contraction was such as "to preclude the possibility of her ever giving birth to a living child approaching the ordinary size;" "that the sacro-pubic diameter was below two inches," and of course it was upon this view of the condition of the pelvis that the propriety of the turning and decapitation of the child, and the subsequent section of the abdomen, to deliver the trunkless head, in the third labor, and the immediate resort to the Cæsarian operation upon finding "an arm presentation and a dead child" in the fourth confinement, are predicated. Drs. Robertson and Carey declare the pelvis to be of tolerably "good size;" that the sacro-pubic diameter, at the superior strait, measures at least three and a half inches. Without attempting to determine the truth of the matter at issue, by the number and credibility of the witnesses on each side, we think the circumstance of the birth of the twins, and the facility with which Dr. E. turned and delivered the trunk and extremities of the child he beheaded, establish the truth of Drs. Robertson and Carey's declaration in regard to the matter, as clearly as if the pelvimeter of Coutouly or the calipers of Baudelocque had been applied, and had testified to a reasonable amplitude of pelvis.—*Amer. Journ. Med. Sci.*, Oct., 1843.

NITRIC ACID FOR PILES.

We must mention the use of nitric acid, which has been recommended by Dr. Houston in order to destroy the tender, tumid, and bleeding surface of mucous membrane which covers internal piles, and which is the source of their excessive irritability and hæmorrhage. The pile having been protruded, its surface is to be smeared with a smooth wooden stick dipped in the concentrated acid; and then pure olive oil is to be applied in order to prevent the caustic being too widely diffused. The subsequent treatment is the same as after extirpation by the ligature; and when the slough caused by the acid separates, the surface generally cicatrises speedily, and leaves the part braced up by its contraction.—*Mr. Druitt.*

CASE OF TWINS,

IN WHICH BOTH PLACENTÆ WERE EXPELLED PREVIOUS TO THE DELIVERY OF THE LAST FŒTUS, WITHOUT CONSEQUENT HÆMORRHAGE.

By Samuel Tyler, M. D., of Frederick, Md.

My father was requested to attend a female in labor on the morning of the 6th of July, 1843, at ten o'clock, a.m. She had been delivered by her mistress two hours before (eight o'clock, a.m.) of a fine child. In a reasonable time after the expulsion of the fœtus, the placenta was discharged. The mistress observed that the placenta presented an unusual appearance, and that the cord seemed larger than natural, but it was not until she had divided the funis that she discovered there was another fœtus "in utero," and that she had mistaken a double placenta and a double cord for an enlarged condition of those two important organs.

When my father arrived, he made an examination per vaginam, and discovered that the remaining fœtus presented the left shoulder. It was then more than an hour since the cord had been severed, and of course the life of the fœtus destroyed. In addition to the unfavorable circumstance of a shoulder presentation, there was firm hour-glass contraction of the uterine fibres around the body of the child. Having, in conjunction with the means usually calculated to relieve so firm a contraction of muscular fibre, made many unsuccessful efforts to turn the fœtus, in order to convert it into a footling or breech case, he sent for me. On my arrival, I soon discovered (indeed, it was for that purpose he sent for me) that embryotomy offered the only relief to the suffering female. After making several equally ineffectual efforts at turning, I proceeded to perform the operation, which consisted in removing with the scalpel the left arm at the shoulder-joint, and then opening the thorax by a puncture or incision between two of the ribs, and thus partially evacuating its contents. The delivery was effected, after compressing the thorax and abdomen, by carrying up the right hand to the breech, passing the finger into the rectum, bringing down the breech, and then finishing the delivery "*secundem artem.*"

The patient was placed in a comfortable position, and every precaution taken to prevent, or rather to relieve, what seemed inevitable, viz., copious hæmorrhage; hour after hour passed by, the female continued comfortable and improving, and, until the present time, more than four weeks since the delivery, not the slightest appearance of hæmorrhage has taken place; the abdomen is natural in size, and the female entirely recovered, and is nursing her infant.

Observe the peculiarity of such a result. Here is a case of twins, one child delivered easy and natural; both placentæ coming away, thus leaving a double placental surface exposed; the cords are divided by mistake, and, consequently, the vitality of the remaining fœtus destroyed; it presents under the most unfavorable circumstances, the shoulder being the descending portion; it is impossible to move or turn it, owing to rigid hour-glass contraction; remedies best calculated to produce relaxation are made use of, but not until embryotomy is performed is the patient relieved.

Here we have a case, not merely of simple placenta prævia, but a double surface exposed, there having been two placentæ; the fibres of the womb, first in a state of rigid contraction, then the irritation consequent upon the performance of embryotomy; and, lastly, a state of excessive relaxation, and still not a drop of hæmorrhage, and the female entirely recovered. I present this case, so interesting in its nature, so apparently formidable in its character, hoping that those under whose observation it may fall will be induced to investigate the cause of so favorable a result.

I may be allowed here to add the great importance of an obstetrician always being in attendance upon a parturient female, no matter how simple the presentation, or how favorable the circumstances of her case. Had a practitioner been present at the commencement of the case just related, the life of a human being might have been saved, which was certainly sacrificed to ignorant midwifery, though the result to the female was as fortunate as could possibly occur.—*Amer. Journ. Med. Sci.*, Oct., 1843.

THE

SPONTANEOUS EXPULSION OF A LARGE POLYPUS,

TWO DAYS AFTER THE DELIVERY OF A FINE HEALTHY MALE CHILD.

By John Davis, M.D., of Smithville, South Carolina.

May 23, 1843. I was summoned to Mrs. C——, aged thirty-two. When I arrived I found her to have been in labor twelve hours, with her fifth child. The presentation was natural, and the soft parts well dilated. The pains were, and, I was informed, had been, pretty strong for three hours previous to my arrival, yet they were irregular, intermitting, and of little effect. She was greatly exhausted by the continuance of her sufferings, and the violence of her exertions, and a serious question arose in my mind what I should do. If we would be governed by authors in general, it was a case in which the ergot might have been given with good effect. Considering the only difficulty, however, to depend upon the irregularity of the pains, I resolved to wait an hour or two, and see if nature herself would not accomplish the delivery; and, to my great joy, in half an hour the pains became more regular and forcible, and, on examination I found the head advancing with a pretty fair prospect of a hasty delivery. It was now just entering the brim of the pelvis, when profuse hæmorrhage came on, the woman sunk rapidly from copious loss of blood, the pains ceased almost entirely, and, indeed, the case became alarming. I ordered her such remedies as appeared most pressingly indicated, and in the course of half an hour the hæmorrhage ceased, the woman revived, the uterus regained its wonted powers, and in fifteen minutes more she was delivered of a large healthy male child. The afterbirth seemed to be slightly adherent, but was soon delivered with little difficulty, and without much hæmorrhage. In short, all things seemed to do well, excepting the uncommonly severe afterpains, which led me to place my hand over the abdomen, when I was a little surprised to find it but slightly diminished in size, especially over the region of the womb. This led to a still further examination, *per* vaginam, and to my utter astonishment I discovered a large resisting tumor firmly impacted in the uterus. Satisfying myself as to its character, I did not examine as to its location, as the soft parts were very tender to the touch, and as the patient was very much enfeebled; nor was it necessary, as that was not the proper time to search for a pedicle or neck, or if its location were ascertained, to apply the ligature.

I gave such directions as I conceived the case required at the time, and left the lady with the fullest assurance that I would see her as often as circumstances would permit. Late in the afternoon of the day following, however, I was requested to visit her in haste, as her pains had returned with increased violence; but before I arrived she was spontaneously delivered of a polypus, weighing eleven ounces, without the slightest hæmorrhage.

The polypus is now in my possession. Its pedicle or stem is about an inch long and about two in circumference; it is similar to a fungous excrescence, and is covered by a thick membrane. It is full of large veins and arteries, some of the former being varicose.

This is the 19th of June, 1843, and the lady has recovered entirely; and says she feels much stronger than she did during the four last months of her pregnancy. She also states that she was not aware of there being anything wrong about her womb till after she was three months gone, at which time it seemed to be fuller than ordinarily at that stage of pregnancy, and there was also a slight vaginal secretion. These seemed to be the only signs, of which she is aware, that could be considered as symptoms of the disease. She is of a stout, robust constitution, and her general health has been good from her infancy with slight exceptions.—*Amer. Journ. Med. Sci.*, Oct., 1843.

CASE
OF
TRAUMATIC TETANUS,

IN WHICH THE SULPHATE OF QUINIA WAS SUCCESSFULLY USED.

By John W. Malone, M.D., of Quincy, Florida.

On the 15th of May, my colleague, Dr. William Booth, was called to see a negro girl, about twelve years old, of sound constitution, laboring under the usual symptoms of tetanus, particularly that variety called opisthotonos. The history of the case was as follows:—About ten or twelve days previously she said "she stuck a nail in her foot," to which a lye poultice was applied, but, suffering no farther inconvenience from it, no particular attention was given her, until the muscles of the extremities became rigid, with inability to move without inducing spasm; stiffness of the jaw supervened, and the spine was drawn back in a curve, all of which was supposed to have been produced from a fall she received on the day these symptoms occurred. She was bled, had her bowels operated on, and took morphia, but the symptoms became more violent, and excited in the minds of the family the suspicion that they might be produced from the wound in the foot, which they had supposed well. An examination was consequently

made, and pus was squeezed out from the punctured surface, at which time my colleague was sent for. He made a free incision into the foot, applied a lye poultice, administered opiates and calomel, and had the butter of antimony rubbed along the whole spinal column.

May 16. I saw her, for the first time, this morning, in the absence of Dr. Booth, and removed from the foot a splinter more than an inch in length. Symptoms more aggravated, great spinal recurvation, the mouth can scarcely be opened, frequent spasms about the throat, tongue loaded with yellow fur, great rigidity of the extremities, epigastric region tense and unyielding, and pulse tense and quick. Applied spirits of turpentine to the wound to promote suppuration; continue lye poultice. Castor oil, half an ounce; turpentine, one ounce; to move the bowels, and laudanum to subdue spasm.

In the evening we both visited her together, and, finding no amelioration of the symptoms, we determined to bleed her copiously, and then to use laudanum in large doses, so as to keep the system completely under its influence, and, if this course did not succeed, we then concluded to try the effects of the quinine. The laudanum was tried for two days and nights, with no permanent benefit to the patient, the spasms returning with increased violence, as soon as we suffered the system to get from under the influence of the opium.

18. The case appears to be hopeless; the pulse ranges from 135 to 140; the epigastrium is firm and unyielding; no suppuration is induced in the wound, although the most active irritants have been used; the rigidity of the muscles is increased; frequent spasms extend from the foot to the stomach, and from thence to the throat; pain in the epigastric region upon pressure, and frequent hiccups. Five grains of quinine and fifteen drops of laudanum in a glass of wine were now given every two hours, and fifteen grains of calomel were also ordered, to be followed by oil or injections in the evening. The quinine was discontinued after taking fifteen grains, from its having produced *tinnitus aurium* with *partial deafness*. Copious perspiration, with less frequency of pulse and an increase of volume, followed, together with a partial relaxation of the muscles. The following treatment was now adopted, and continued, with but little variation, throughout the case:—

Sulphate of quinine, three grains;
Muriate of morphia, one-third of a grain. To be taken every three hours, with an occasional glass of wine.

The wine had to be largely diluted in order to prevent its inducing hiccup. The bowels were kept open with castor oil and injections, and on the 29th of the month she was discharged convalescent.

REMARKS.

Notwithstanding the violence of the symptoms, and the great muscular contraction that existed, still the patient complained of very little pain, except when an attempt was made to move her, by raising her up or bending her limb, or when operations were induced upon the bowels, or irritants were applied to the wound in the foot. Violent pain and spasm of the stomach and jaws were excited in every instance by these remedies, and, notwithstanding its extreme sensibility, still no suppuration ever followed the application of the spirits of turpentine, blistering ointment, lunar caustic, &c., which were freely used for the purpose of promoting it. As soon, however, as the remedies were discontinued, the edges of the wound sloughed off, and it healed up immediately, as it were, by the *first intention*.

I will remark, in regard to the effect of the constitutional remedies used, that, as long as we kept our patient completely under the influence of opium, the spastic rigidity of the muscles partially gave way, but soon returned with increased violence whenever they were discontinued; but when the quinine, in conjunction with the morphia, was resorted to, a continued and copious perspiration was kept up, the pulse became less frequent and increased in volume, the spasms returned at longer intervals, and gradually subsided, the rigidity of the whole muscular system yielded, the spine lost its abnormal curvature, and, on the tenth day after this treatment was adopted, she was able to sit or stand up, and, on the fourteenth day from the time we saw her, she was discharged, laboring under nothing but slight debility and some distortion of the countenance. The quinine was continued, however, for several days, in small doses, after we ceased visiting her, in order to keep the system slightly under its influence, so as to prevent any accumulation of muscular irritability, and to impart to it energy and healthy action. Large doses of quinine have the remarkable effect of diminishing the rapidity of the pulse, where active inflammation does not exist in any important organ—such as the brain, stomach, intestinal canal, &c.—and it has never in my hands failed to be beneficial in all febrile diseases, where, together with the effect mentioned, a general perspiration is established. It calms nervous excitement, quiets restlessness, removes all those transient and disagreeable pains to which the *fever patient* is frequently subjected, and acts in many respects in perfect accordance with the general idea we have of a *sedative*.

It is also proper to add, in conclusion, that the butter of antimony applied early in the disease, to the whole extent of the spinal column, produced considerable and immediate inflammation, but we did not observe any manifest or permanent benefit from its use.—*American Journal of the Medical Sciences*, October, 1843.

NEW METHOD FOR THE RADICAL CURE OF HYDROCELE.

At the seance of the Academie de Medicine, 28th November, a letter was read from M. Guillon, on a new method for the radical cure of hydrocele. It consists in introducing into the tunica vaginalis a very small flexible bougie long enough to form several spiral folds in the cavity; and keeping it there till pain and inflammation come on.

The following is the manner in which M. Guillon performs the operation. He plunges a trocar into the bottom of the tumor; and when about half the liquid has escaped, he introduces the bougie through the canula into the sac, and causes it to form two or three spiral folds in its interior, so as to distend it greatly. He generally lets it remain about eighteen hours, or at least till pain and swelling come on.

EFFECTS OF A LARGE DOSE OF ARSENIC TAKEN BY A LUNATIC.

By A. B. Shipman, M.D., of Cortlandville, N.Y.

In the year 1838, a gentleman who had been insane two or three years, the cause of which was probably ill health from disorder of the digestive organs, acting upon a nervous temperament, took a teaspoonful of the white oxide of arsenic with the view of destroying himself. It was taken immediately after eating a hearty dinner, and washed down with a draught of water. Soon after, or within half an hour, he vomited freely, and in the course of the day a diarrhœa set in, which continued for a day or two. He then informed his medical attendant of what he had taken, and his regret and contrition at the act. All this time he experienced but little of what could be attributed to the poison; the diarrhœa was not attended by anything peculiar, he had eaten his usual meals with a tolerable relish, and complained of no unusual burning or pain in the stomach and bowels. Within a week or so he was taken with severe pains in his legs and arms, which he described as most excruciating; the sensation he compared to the gnawing of rats, or the boring of a gimblet into the bones; there was some swelling of the legs and feet, but no preternatural heat. After the pain had continued some days a partial paralysis of the limbs was observed. He took various medicines, mostly of the anodyne class, with stimulating liniments and frictions, which were persevered in for a length of time. The paralysis, however, remained obstinate for months. The strychnine was finally given, and continued several weeks. The paralysis gradually left him, and he regained his health and resumed his business as a merchant. But what was most curious to the physician, and to the patient of the most importance, was the complete restoration of his reason and ultimately his health. Previous to his insanity he was of a reserved and cautious disposition —was taciturn, diffident, and exemplary in his conduct—was on the point of contracting an eligible matrimonial engagement; his pecuniary circumstances were unembarrassed. Yet all at once he became talkative, boisterous, and mirthful; entered into speculations, contracted for farms and property which he did not want, supposed himself in possession of immense sums of money, and that his speculations would conduct him to boundless wealth. He insisted upon his marriage taking place immediately—invited everybody he saw to attend his wedding. His marriage finally took place, as his friends imagined it might be a means of restoring him, or an exasperation of his malady a result of his wishes being thwarted. But these palmy days of ideal wealth and splendour soon wore away, and he sank down a gloomy, desponding, and dejected lunatic, unfit for business or society. He was, however, harmless, and lived with his wife for two or three years, attending to no business. He was in this state when he took what he imagined would be his last dose, but which in all probability was the means of restoring him to reason. Since that period there has been no sign of insanity, and his health has been good since the removal of the paralysis from his limbs. He has resumed his business as a merchant, and conducts it judiciously and with success.—*Amer. Journ. Med. Sci.*, Oct., 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, DECEMBER 30, 1843.

The practice of reviewing, from time to time, the progress which the current of events brings with it in any particular branch of inquiry, is attended with much advantage. The retrospect affords opportunity for reflection on what has been done, and thus brings to bear the light of experience on those further steps which are or may be necessary to proceed in the course already marked out; it points out what is erroneous, and should, therefore, be retraced, or for the future avoided, and enables us to hasten onwards towards the attainment of a given object, or the completion of a given undertaking, in a more assured manner. Such a retrospect may be conveniently taken at different periods; and the close of the old or the commencement of a new year is one which, by common consent, has often been devoted to it. We purpose, on the present occasion, to look back on what has been done in the—to us, and, as we believe, also to the general public—important question of a reform of our medical institutions.

The past year, notwithstanding that at its commencement it promised much, has produced only two measures, emanating from authority which have any bearing on the subject; the one a royal charter, granted under the advice of the ministers of the Crown to the London College of Surgeons; the other a revision, at the instance of the Home Secretary, of an order previously issued and attempted to be acted upon by the poor-law commission. Of the former of these, we have already, and recently, had occasion to give our opinion; and we need not, therefore, here again go over the same ground. It may, perhaps, however, cause some surprise to our readers to learn that the latter seems to us to be, as regards the ultimate settlement of the general question, the more important document of the two.

In order to place this opinion in its true light, it will be necessary to bear in mind that the poor-law commissioners, apparently in entire ignorance of the unsettled and anomalous state of the medical profession, as established by custom (of genuine and definite legal authority there is as yet but little) in this kingdom, had taken upon themselves to define the right to practise medicine of certain individuals possessed of degrees, diplomas, and licenses, from recognised universities, colleges, and corporate institutions. That which the statute law of the land had failed and still fails to do, they, regardless of the rights acquired by custom, and, therefore, at least as good as much of what is recognised as law, and stepping out of their own province, took upon themselves to attempt. The result of their examination

into old acts of Parliament and obsolete charters was the prohibition of any but those possessed of a diploma from the then London College of Surgeons, exercising the office of medical attendant in any of their unions or districts. They decided at once that the members of the Scotch and Irish colleges had no authority to act as surgeons in England and Wales; and when it was subsequently pointed out to them that they were in error in attributing restrictive powers to the London college, and had, in fact, overlooked many other important points connected with the question, they satisfied themselves with stating "that no other authority has any such (restrictive) application within the territory of England and Wales, or can be supposed to be recognised by the English statute unless expressly mentioned," and that they "would not willingly enter upon a discussion of the validity of the powers of the Royal College in London."

We cannot here enter into the question of the especial powers, whether restrictive or effective, of the late London College of Surgeons; nor can we attempt to define the precise limits over which the legal exercise of these powers extended. It is unnecessary, for our present purpose, that we should do so; and those among our readers who are desirous of looking more deeply into the question, we would refer to an able article in the last number of the "Edinburgh Medical and Surgical Journal," where they will find much that is worthy of deep consideration. It is sufficient to show that what the commissioners would not willingly do with respect to the London College, they were quite willing to attempt with respect to the Edinburgh and Dublin colleges; and the expression of an opinion as to the legal position of the first, which they considered to be entirely beyond their province, feeling "bound to assume that the powers ordinarily exercised by that body (the London College) are usually acquiesced in, as belonging to it in England and Wales, are good and valid, until some competent court shall have decided to the contrary," they had no hesitation in giving, as to that of the sister colleges.

"But it is now time that we should come to the last act in this little drama." We quote the language of the article before referred to. "Petitions were presented to Parliament; the attention of Scotch members was called to them; the necessity of a remedy for the exclusiveness of the medical and surgical qualifications of the medical officers of the poor-law unions was fully admitted. The government promised that their intended general measure of medical reform should include these particular grievances. We believe the government to have been in earnest; but all was not arranged for Sir James Graham's promised measure. Certain great bodies needed new charters. These were not yet ready; time was lost; the session wore on towards a close; another postponement was added to many prior postponements, and the poor-law grievance seemed to be shelved also; but the Home Secretary, urged by the parties aggrieved, and not satisfied with the legal decisions of the commissioners, directed them to ascertain what the state of the law affecting the Scotch and Irish qualifications really is, by consulting the Attorney-General and Mr. Martin on the subject."

The Attorney-General and Mr. Martin were accordingly consulted; their opinion was given, and the competence of Scottish and Irish surgeons to practise surgery affirmed. "We are of opinion that, as far as the question of *surgery* is concerned, those persons who have a *surgical* diploma or degree from a royal college or university in Scotland or Ireland are (in point of law) as competent to be appointed and to act as medical officers, under the statute referred to, as the persons who have the diploma of the Royal College of Surgeons in London." In virtue of this opinion, we find the poor-law commissioners partially retracing their steps. "The commissioners think that they are, by this opinion, justified in admitting persons, having a surgical diploma or degree from a royal college or university in Scotland or Ireland, to the same rights, under the Poor-law Amendment Act, as members of the Royal College of Surgeons of London." Justified in admitting! Could they, in the face of such an opinion, pronounced by her Majesty's Attorney-General, have felt themselves justified in rejecting individuals so qualified?

The miserably inefficient manner in which they profess their intention of *partially* attempting to remedy the wrongs which their previous blunder in their uncalled-for interpretation of the law had occasioned, is well pointed out by the writer of the article in the Edinburgh journal before mentioned. Our object, however, in bringing forward this question has not been to expose the delinquencies of the poor-law authorities with respect to this particular act of theirs. It is, as we stated in the outset, to point out the attainment of a step gained in the reform of our medical polity. The opinion of the Attorney-General, called forth by the want of legal acumen in the poor-law commissioners, and the subsequent decision of the commissioners—a government board, be it remembered—giving interpretation to the provisions of their own statute, fully concede, as far as regards one great branch of the profession, one of the objects that has all along been strenuously contended for—*equal right to practise throughout the whole extent of her Majesty's dominions.* There is in the transaction here referred to, as respects all persons possessed of British surgical diplomas, a clear recognition of this principle, and which therefore, in any measure to be hereafter introduced into Parliament, will, without

question, be carried out in other branches of the profession.

Another indication of a coming reform may, we think, be derived from the same history. The mistake of the poor-law commissioners affords such additional evidence of their incompetence to deal with medical questions, that the inconvenience and wrong which have resulted from that mistake, and the very awkward and untoward call arising out of it for the interference of the higher powers, together with the necessity of recalling and modifying their orders, cannot but tend to the removing of all medical questions from the management of a body necessarily so incompetent to a board better fitted to superintend them. Under these circumstances we trust that the call made by Mr. Guthrie in our last Number will be responded to, and that in bringing before Lord Ashley the grievances of which the medical profession have to complain, it will not be lost sight of that the pecuniary part of the subject is by no means the most essential either to the interests of the medical profession or to the well-being of the poor.

REVIEWS.

The Physiology of Inflammation and the Healing Process. By Benjamin Travers, F.R.S., Surgeon Extraordinary to the Queen, &c. London: Highley, 1843. pp. 226.

The object of the work before us is, as we are informed by the author, to extend our acquaintance with the phenomena of inflammation by the joint aid of physiological and pathological observation; and at the same time to reconcile, if possible, the results of modern microscopical investigations with the philosophical scheme of inflammation traced by John Hunter.

Having commenced with a short introduction, in which he discusses some of the physiological bearings of the inflammatory process, the author treats in the first chapter of the general nature of its phenomena. He describes it as a series of phenomena resulting from a change in the properties and distribution of the blood.

"The alterations of which the composition of the blood is susceptible, and those of the relative and reciprocal actions of the blood and vessels, which may fairly be presumed, if not ascertained to follow thereupon, are data abundantly sufficient to furnish forth all the phenomena of inflammation, and to supply the rationale of their occurrence."—p. 12.

This definition, however, must not be taken in too restricted a sense; for he goes on to observe, that the inflammatory process must be considered an action of the living tissue as an organised whole, not merely of its vessels.

"Inflammation is not seated exclusively in the blood, the blood-vessels, absorbents, or nerves of the part, nor confined to the capillary system of vessels, nor the cellular tissue, which connects and supports them. These several parts forming a homogeneous whole, cannot be disjunctively affected, in morbid more than in healthy action, each being an integral element in the composition of the other, reciprocating organisation and function acting, and acted upon respectively, their peculiar functions are merged in the production of general phenomena, whether healthy or morbid, to which each is indispensable. Thus, neither heat, pain, swelling, nor redness could be demonstrated in inflammation, more than temperature, sensation, figure; and color could be maintained in health, if the blood or the vessel, the nerve or the absorbent were taken away. We might as well expect nutrition to go on in the absence of the stomach.

"It has been a vexed question in which of the systemic series of parts, of which every animal structure is constituted, the inflammatory process commences, *e. g.*, whether in the solid or fluid, admitting that the entire constituency is ultimately involved; whether the blood, the blood-vessels, arterial or venous, the invisible capillaries, the lymphatics, the nerves, or the tela cellulosa, which serves as their common base. And connected with this is the question, whether in the onset the change is physical, chemical, or nervous? Now, I recur to my last statement, that the proper structure and functions of parts are so interwoven and identified, that although their consent or harmony may be disturbed or destroyed, they cannot be exclusively affected, even for an instant. Suppose, therefore, a foreign particle, or a chemical stimulus or sedative, the most simple and single that can be employed, to be the occasion of exciting inflammation, it will operate as instantaneously and certainly, to the extent of its operation, upon all the parts and actions of the organism, as the most complicated injury. Whether the foreign body be a part disorganised by injury, or in its nature extraneous; whether it be a chemical or a nervous agent (concentrated caustic alkali or tobacco) that operates to produce a change, it is, to the extent of its operation, of necessity implicating the whole system of parts forming the structure, and of the actions which they perform. If, therefore, the blood, or the solid which it permeates, is so affected that the natural and vital attraction which subsists between them is neutralised, the sentient phenomena are to the same extent arrested; and if the nervous system be first struck, the physico-chemical system is to a corresponding extent embarrassed. The first visible or sensitive change would be a very imperfect, perhaps delusive, index of the first real change; the congestion of the blood in the vessels, creating a blush or a swelling, or the new and peculiar sensation of the part, whether painful or not, may be the first manifested, but the last actual change."—p. 25.

Mr. Travers next briefly disposes of the question whether adhesion can properly be considered an inflammatory process, and this he justly treats as a mere question about words. He shows that slight as may be the degree of vascular injection, and of increased heat and sensibility which accompany trivial healing wounds, yet that they do really exist; and certainly

it does not require a very extended experience to know that inflammation, even of a highly destructive character, may occur without pain. Whilst on this subject we are tempted to skip over one or two chapters, in order to present our readers with the following passage from that part of the book in which the author explains the local symptoms of inflammation :—

"A gentleman whose spine was broken low down by a fall in hunting, and who was utterly deprived of sensation and motion of the lower limbs, had sloughing of the right hip, exposing the glutæi and trochanter, the surrounding integument hollow and bagging, i. e., no adhesion, and an unhealthy pus in abundance. On this hip he had been constrained to lie, and lay without pain; but on the other (left) hip, though repeatedly attempting it, he could not lie without severe pain; though inflamed on the point, it had not gangrened. Being equally insensible on both hips, he was at a loss to comprehend how this difference could be explained. The displacement of the fracture was on the left side, and the effect of pressure on that hip was to irritate the lumbar plexus at the joint side of its division and emanation from the chord. Thus pain is referred to parts utterly devoid of sensation.

"Inflammation, therefore, may exist without perceptive sensation; and that severe pain may exist without inflammation is exemplified in the pure neuralgia. Every part of the body has its proper seat of representation in, and chain of connexion with, the brain; thus to a certain extent we can call up sensation by imagining it. * * * * * * The nervous hypochondriac feels, there can be no doubt, the pricking in the skin, the pain in the stomach, heart, kidney, bladder, which he so graphically describes, as his mind pictures either organ the seat of disease. Sensations of pleasure are also excited at will, and carried out by vivid images and recollections, in certain excited states of the cerebral system, especially under the influence of dreams.

"Pain, to whatever region referred, has its real seat in the brain; and in diseased states of that organ, its alpha and omega are cerebral—a fact of which the proofs furnished by such cases are often subtile, but many and convincing. Partial organic cerebral changes are the source of the most severe and incurable cases of the tic douloureux. In vain do we divide every twig of sensitive nerve; the agony is still the same, for its origin is beyond the reach of our anatomy. The principle is analogous to that which preserves so faithfully the idea of the amputated extremity. Cerebral regions and cerebral agencies are as indispensable to the production of local physical sensations as to the operations of the mind.

"Inflammation, however, in a sound state of the system, is seldom unattended with sensations more or less painful, although the degrees are as diverse as the varieties of pain. In some inflammations, motion or pressure, or the extraordinary function of the affected organ, is necessary to rouse pain, and the absence of these conditions is sufficient to allay it. In some instances it is unceasing; in others it is remitting; in others, again, it recurs at distinct or fixed intervals, and is periodical or intermitting. Pain, therefore, is depending upon some condition common to parts inflamed and parts not inflamed, arising out of the various modifications of nervous tone and vascular action, to which they are subjected from the operation of different causes. Thus, one pain is lulled by the magnetic fluids, another is suspended by the irritation of a blister; one by ammonia, quinine, or arsenic; another by opium or aconite; one by taking food, another by its rejection, or by abstinence."—p. 42.

But by far the most interesting portion of Mr Travers's book is that in which he describes the microscopic appearances observed in the web of the frog's foot after injuries and during the inflammation which follows, and the subsequent stages of reparation. This portion of the work comprises not only the results of an extensive series of observations made by the author or under his directions, but also a description of many of a very extensive series of preparations, illustrating every stage of the healing process, made by the late Dr. Todd, of Brighton, and purchased from his executors by the Royal College of Surgeons. We know of no treatise whatever in which these interesting processes are described so clearly and completely as in the work before us; at the same that they elucidate several points about which previous observers had differed. What can be more graphic than the following sketch of the primary effects of an injury ?—

"The first effect of a drop of stimulant fluid or of a wound upon a transparent web (frog's foot), as seen in the field of a powerful microscope, is to arrest the circulation at the part. Around the point of absolute stagnation the column of blood oscillates, and the particles are seen to separate and congregate in small regular masses, presenting varieties of shape, some being perfect ellipses, others spherical. The vessels are dilated, and in proportion their fulness is increased and their pink color heightened. Still more remote from the stagnant centre, increased activity of circulation prevails. The point of stagnation—the very slow circulation in the part immediately surrounding it, the current still oscillating in parts—and beyond this the more rapid and vigorous circulation—are manifested for several days. The contrasted appearance of one portion of the web stationary, and another in brisk circulation, is striking. The labor also of the current, the sudden overcoming of the obstacle occasioned by a too crowded passage, and the instant velocity succeeding thereupon, reminds us of the swaying backward and forward, and at length the inrush of a crowd emerging into an open space from a narrow avenue."—p. 34.

This, then, is the state of the vessels in a slight inflammation, the circulation being by little and little restored to its former velocity and freedom, as the inflammation gradually proceeds to *resolution.*

We will next present our readers with an account of the author's observations on the manner in which lymph becomes permeated with blood-vessels during the reparation of injuries :—

"In a wound with loss of substance, which offers the most complete example of organisation, the

fibrine is very gradually deposited, little by little, at its margin, preserving at all points an uniform line of approximation into the centre. The margin is elevated, rounded, and opake at its base; its salient edge is thin, sharp, and transparent.

"This presents no appearance of vascularity during the process, but the circumjacent vessels are observed to multiply and extend their branches of communication or anastomosis. These processes go, *pari passû*, towards the healing of the breach, the fibrine becoming fuller and more opake where it adjoins the original texture, and, in the same proportion, encroaching upon the void space. The wound preserving its figure, continues to diminish as the surrounding parts become organised by the production of trasparent capillaries from the nearest vessels in forks and arches in communication one with another, parallel, for the most part, to the margin of the wound. These vessels are visible in fine striæ before circulation can be detected. A single globule is first observed to enter, and this is followed by more, which have only an oscilatory motion for many hours, a flux and reflux derived from the impulse of the circulation in the parent capillaries, which see-saw movement continues gradually gaining in the direction of the nearest neighbouring vessel, into which at length the pioneer globules enter in single file. The next stage is the abrupt and rapid occasional transit of a globule, or of several isolated globules in succession, through the new channels, just as drops of rain course one another down a window-pane in the same track.

"The conclusion of the process is a regular uninterrupted transition of a file of globules, by which a cross-branch of communication is established. This is the simplest example, but the complications of anastomosis proceed in a similar manner. Instead of the meeting of parent vessels, one new vessel encounters another, and they join and divaricate at an angle; or, one meeting another current in an opposite direction, is reflected at an angle so acute as to be refluent upon itself to the vessel from which it emanated, or to contiguous ramusculi from the same parent, and thus arches and circles, forming a mesh of anastomosis, are established.

"The nascent blood-vessels appear in the first instance destitute of color, by reason of the paucity of the blood globules which they convey. When perfected, enlarged, and multiplied, they become the nourishing vessels, arteries, and veins of the new texture, the motion of the blood being, as they are arteries or veins, conformable to that of the original texture. The appearances of vessels striking directly across the newly-deposited lymph to meet their opposites—of vessels seemingly engrooved in the lymph by a train of globules pioneering their track—of insular specks and zones in the fibrinous deposit, which generate and throw off pencils of vessels for anastomosis with each other and with those proceeding from the margin, are, doubtless, presented at different stages of the process, but, being the result of occasional and partial observations, have been inaccurately dated and explained. The whole business of organisation is of and from the margin of the wound, and it is upon the margin and its gradually developed organisation and encroachment, that the healing action is first and last seen, *i. e.*, until its obliteration by the cicatrix. There is no such thing as isolated or independent vascularisation, although appearances exist that convey this impression, as will be afterwards shown. The centripetal or convergent arrangement is the presiding and consummating genius of the operation; but the inherent contractility of the fibrine, and the primary institution of a fuller and freer anastomosis of the nearest marginal vessels, modify the process of organisation, and render the centre, as it is the most distant point, the last vestige of its completion. The loop, fork, or arch consists of an arteria and vena "comites," so that the continuity of circulation keeps pace with the extension of vascularisation; it is the opening out of the angle of reflection which presents these varieties of arrangement at different periods, and explains the purpose of its existence and uniformity."—p. 76.

The suppurative process is next examined, and afterwards the other terminations of inflammation in order, and the author not only describes the local phenomena, but their effects also upon the system at large, and gives such general principles of treatment under each head as may be expected from the union of great experience with minute pathological knowledge.

Whilst speaking of some of the practices of the Sangrado school, he observes—

"There are two false doctrines concerning blood-letting for inflammation which cannot be too strongly condemned; the first, anticipatory blood-letting, by which I mean the large and repeated detraction of blood before inflammation, being considered inevitable, has actually manifested itself,—on the hypothesis of starving the action, and thus rendering it tractable,—which is a direct attack on the vitality, and fatally perverts the action, if it do not destroy the resisting powers of the system. The second, continuing the use of the lancet so long as the last drawn blood exhibits the signs of inflammation, which, if drained to the last drop it would do—or, in other words, not reflecting that there is a line beyond which the practice becomes destructive instead of remedial, and that there are many inflammations which do not admit of arrest by depletion, and upon which other modes of treatment are efficient for this end, even though not an ounce of blood be drawn. Many lives have been sacrificed to these irrational and absurd notions, and many preserved in their extremity by being fortunately placed beyond the reach of the surgeon, especially, I am induced to believe, in military practice."—p. 58.

The observations on the nature of what are commonly called purulent deposits, and on the supposed production of pus without inflammation, are well worthy of perusal. In the chapter on ulceration we find him vigorously defending the Hunterian tenets, which ascribe it to absorption, against the more modern and, as it seems to us, more probable doctrine which treats it as a gradual disintegration or piecemeal gangrene of the ulcerating tissues; and we believe that our author's arguments, ingenious as they are, will scarcely retard the adoption of the latter doctrine. This controversial difference, however,

does not detract from the mingled pleasure and profit with which we have perused Mr. Travers's work, which is in every respect worthy of the author of the Inquiry concerning Constitutional Irritation. It is, as we before said, more especially to be recommended for the ample and yet not prolix account which it gives of the microscopical appearances of inflamed and injured tissues.

BIRMINGHAM PATHOLOGICAL SOCIETY.

September 2, 1843.

Frederick Ryland, Esq., in the Chair.

Dr. Fletcher brought before the society two kidneys affected with granular disease, and a portion of four quarts of urine which the patient had voided in twenty-four hours, slightly albuminous, and 1·007 in specific gravity.

Case.—James Haynes applied to Dr. Fletcher, as a patient at the General Dispensary, on the 10th of August, 1843. He complained of having become very thin and weak within the last few months, and that he gradually got worse. Up to that time he had enjoyed good health. He had occasionally palpitations and difficulty of breathing, and at times great perspirations; his appetite was good; his tongue clean; his bowels open; he slept well; he had no pains to complain of, but he had at times urgent thirst, and was equal to no exertion. He had not, nor had he had, anasarca in any part of his body, even slight, at any time, that he was aware of. His circumstances were very bad; he was almost starving.

Upon a very careful examination of the chest and abdomen, the only indication of disease found was slightly increased dulness over the place of the heart, and the respiratory sounds were rather feeble generally over the chest; there was nothing anormal discovered by percussion of the chest; it was sufficiently sonorous. From the great quantity of urine, diabetes was suspected, but on examination the urine was found as above described; no saccharine matter was obtained.

Hydrogogue cathartics, with a more generous diet, were administered; but as he continued to get worse, and his breathing became more difficult, æther and ammonia were given, and the cathartics discontinued. His breathing suddenly became worse, and he became delirious; at the same time his urine diminished in quantity, increased in specific gravity and albuminous deposit. He died on the 18th of August.

Post-mortem Examination, Eighteen Hours after Death.

Body more than ordinarily fat.

Head not examined.

Chest.—Pleura healthy. There was a patch of emphysema in the left lung, near its anterior border; it was otherwise healthy. The right lung was œdematous, but in other respects healthy. The heart was about half again larger than normal. The left ventricle was hypertrophied, but the muscular structure was pale and soft. The right ventricle was dilated, but its walls were not thicker than normal. The auricles were healthy.

There was some atheromatous deposit in the aorta.

Abdomen.—The stomach, intestines, spleen, and pancreas, healthy. Liver paler than normal in its color, otherwise healthy.

Kidneys.—On the left there was at its upper extremity the remains of a cyst, which had recently burst; its mammellary, tubular, and cortical portions, were dark and granular throughout. The right kidney was larger than the left, and congested and granular in its whole extent, except two of the mammellary processes, situated at each end of the organ, in which the tubular portion was so distinct that the tubes appeared much dilated.

The ureters and bladder were healthy.

Dr. Fletcher said this was a remarkable case of the fatal effects of disease of the kidney, without any other organ of the body being diseased to any extent. It was rare in the abundance of urine passed, and in its low specific gravity, and in the absence of the more urgent symptoms usually attending the disease, and as an instance of the danger of the affection not being in proportion to the quantity of albumen deposited, or to the high specific gravity of the urine. There were many cases in which both were considerably higher, and yet the patients continued for a considerable time, and even apparent cures took place. After scarlatina he had lately had a very remarkable case of deposit of albumen from the urine; it was strongly coagulable by heat and nitric acid. The patient was affected with coma and convulsions, and yet, by local blood-letting and cold applications to the head, and hydrogogue cathartics, combined with elaterium, complete recovery took place. Dr. F. concluded by recommending the following table of Dr. Christison's to the notice of the society as one which, if adhered to in describing the urine in Bright's disease, more accurate information would be conveyed.

1. *Gelatinous by heat.*
2. *Very strongly coagulable*, where a precipitate distinctly separates by heat, and yet occupies, in twenty-four hours, the whole, or nearly the whole, fluid.
3. *Strongly coagulable*, where the precipitate in twenty-four hours occupies half the volume of the fluid.
4. *Moderately coagulable*, where it occupies a fourth of the fluid.
5. Slightly coagulable, where it occupies an eighth of the fluid.
6. Feebly coagulable, where it occupies less than an eighth of the fluid.
7. Hazy by heat, where the urine becomes cloudy, but does not form visible flakes a few seconds after being boiled. In appreciating the last degree of impregnation, it is convenient to heat only the upper half of the fluid in the tube.

DR. WILLIAMS ON THE PATHOLOGY OF CELLS.

CELLS OF THE LIVER.

The liver abounds in large, well-defined, spheroidal cells, having distinctly a biliary tinge, and a considerable quantity of granular amorphous material. These are the elements which the microscope recognises, whenever a portion of the organ is torn up and examined with the higher powers. They present the peculiarity of having in their interior, as one of their normal constituents, adipose particles, which vary remarkably in number and size.

From the unusual magnitude of these cells (varying from 1-1500th to 1-2000th linear), which may be completely defined by the 1-4th objective and low eye-piece, and the tenuity and transparency of the cell-capsule, rendering thus practicable a clear examination of their contents, the changes wrought by disease can be most satisfactorily observed. Indeed, the liver should be selected as the organ which affords the best opportunities for the prosecution of the interesting subject relating to the *pathology* of cells. The existence of fatty particles in the interior of the hepatic cells was determined independently by Henle and Erasmus Wilson; but the credit of first demonstrating the pathological bearing of this discovery is due to Mr. Bowman. (Medical Gazette, Jan., 1842.) In his short communication on this subject, he announced the fact that in the proportion of one-third of the total number of cases of phthisical disorganisation of the lungs, the epithelium cells of the liver become gorged more or less with adipose particles. Mr. Bowman's inquiries appear not to have extended beyond the simple determination of this fact—a fact which, it may here be remarked, has been repeatedly verified at this hospital during the progress of our microscopic observations. There are, however, several interesting points, both as respects the morbid anatomy of the cell itself, and the general considerations associated with this state of fatty degeneration to which it is liable, which yet remain to be stated.

It is a singular circumstance in the history of the parenchymal cell in this disease (fatty degeneration), that a fat globule, however minute, has never yet been discovered in the interior of the *nuclear cell*. It invariably occupies and thrives in the interval between the nucleus and the *outer* capsule or cell-membrane; so that its situation precisely corresponds with that cavity of the *ovum* which is occupied by the vitellus. What distant physiological analogy or correlation there may be between the fat in the hepatic cell and the vitelline, or *oil* globules in the ovum, is an interesting proposition, which may be referred to the genius of those skilled in the science of inductive philosophy; but the coincidence of anatomical position is certainly not unworthy of remark. In regard to the mechanism of the secerning process, of which these ultimate cells are unquestionably the seat, the circumstance relating to the situation of the fat appears to sanction the following conclusions:—That the adipose matter is either *secreted*, as a ready elaborated proximate principle, by the vitelline or cell-membrane; or that the elements of fat, unelaborated, attain in common, and mingled with other principles, the chamber of the *outer cell*, when its elements spontaneously individualise themselves, and enter into new and high combinations; that the *nuclear* capsule is either proof against the entrance of the adipose principles, or that the nucleus has not yet attained that degree of development at which it is endued with the property of secreting *fat*. Then, if the former corollary be admitted, it must be further allowed that the outer cell-capsule possesses the power of *determining the production* of the numerous primitive molecules and the bile-colored fluid which its chamber contains.

During these observations the following positions were also arrived at:—That the nucleus completely disappears under the *pressure* of the increasing fatty accumulation; that the primitive molecules, which, in the healthy condition, the hepatic cell contains in obvious quantity, undergo absorption, and disappear in proportion as the adipose particles augment in number and volume; that with the disappearance of the primitive molecules, the *yellow tinge* or *bile color* of the cell also disappears. During the prosecution of these observations, the idea was suggested and sustained, by various kinds of evidence, that in these cells the *nucleus* could not be viewed as *parentally*, but rather as filially related to the vitelline capsules; that it was rather the expanding germ of a future generation of cells, than the withered remnant of one passing away; consequently, that the *nucleus* participated in no way in the secerning operation of the developed cell. Several facts will be adduced in the following account which tend to support the validity of the preceding positions:—During the progress of fatty degeneration of the liver, there is no difficulty in establishing the circumstance that the parenchymal cells, in which considerable distention by the fat produced has occurred, can no longer retain the power of sustaining their accustomed part in the process of secretion, and that eventually they must *burst*. As these disorganising changes—for they must be actually regarded as such—proceed, it is quite evident that a universal suspension of the secreting agency will take place; so that the last avenue for the elimination of carbon from the blood suffers fatal obstruction, and the lungs and the liver, being thus involved in the common ruinous incapacity for labor, the whole body is precipitated in the wreck which the rapid and unrestrained accumulation of carbon in the blood must occasion. At the earlier stage of the history of this complicated succession of changes, the undue development of fat in the liver, under the gradual failure of the respiratory agency of the lungs, was obviously a protective alternative; but during the subsequent steps of their progress the remedy becomes a poison, and the struggling system, now deprived of the agency of two important organs, is soon overwhelmed by the consequences. Fat contains about 80 per cent. of carbon, and carbonic acid contains 6 of carbon in every twenty-two parts. It is, therefore, not difficult to perceive that when these two great channels for the removal of carbon from the system are blockaded by accumulated disease, the injurious influence of the retained carbon must be as fatal as its production is rapid. No enlightened pathologist can question the value of these considerations with respect to the *effects* on the general system, and the pathology of tuberculous disorganisation of

the lungs, to which these consequent changes in the structure of the liver so obviously conduct.

Additional proofs to those hitherto adduced by microscopic physiology, tending to establish the true *glandular* agency of the hepatic nucleated cells, which appear to possess no inconsiderable physiological value, were recently brought to light in this hospital, during the examination of a person who died of a malignant disease of the duodenal extremity of the pancreas, which exerted such forcible pressure upon the common excretory duct, that the passage of the bile into the duodenum had become almost impossible; at all events, it could only have escaped by very slow degrees, and in very small quantity. The consequences which directly resulted from this obstruction were manifest in the extreme distention of the biliary ducts and gall-bladder, which necessarily caused a considerable increase in the volume of the whole organ; the liver had lost its fragile, solid character, and had become soft, flabby, and not capable of being easily broken down by pressure. On the application of the microscope for the purpose of examining the ultimate structure, the extraordinary fact was developed that scarcely a *single* nucleated glandular cell, in a perfect state, could be found. Different portions of the organs were carefully and repeatedly prepared, in order to remove every possibility of mistake or misobservation; the conclusions were uniformly the same, that the true parenchymal cells of the organ were certainly *not present*. These preparations were also seen and examined by several excellent observers about the hospital. In each portion of the organ mounted for inspection, nothing more than minute *free* fatty particles, and equally free, floating, amorphous, granular matter, could be discovered; it was very seldom that a *whole* nucleated cell could be seen.

There seems to be but one inference to be deduced from the indisputable facts which the microscope has elicited in this case—that, namely, in consequence of the excessive distention from retained secretion, to which the whole organ was subjected, the ultimate cells, exposed to the *arrière* force of this universal pressure, whilst the process of adding to their contents by secretion suffered no cessation, had undergone universal dehiscence. It is evident that if a continually acting mechanical obstacle to the *gradual* escape of their contents, or if their *progressive* and natural dehiscence be rendered impossible, the consequences of the universal rupturing of the pregnant cells must inevitably follow. But whatever may be said of the adequacy of the proposed explanation, it would be scarcely reasonable, with reference to this case, to dispute the two circumstances, that the mechanical obstruction created by the pancreatic tumor *produced* the effects in the structural elements of the liver, the details of which have now been described. The adipose particles are normal and legitimate *inmates* of the cells; and when they are observed in a liberated state, what other conclusion can be supported than that they have escaped by the mechanical dissolution of the *cell* capsule? The history of these singular facts reminds us strongly of how adroitly nature sometimes, when the science and skill of the physician are no more than ornamental sounds, mitigates the severity of consequences which cannot be averted, by blending their occurrence with others of an opposite tendency. The extensive injury which the liver must have sustained by this extensive and violent dehiscence of its cells had the temporary effect of preventing further accumulation of secretion, by suppressing the stream at its origin. The fact of this dehiscence appears conclusively to prove that the secretion of the liver is really and immediately due to the agency of these nucleated cells, and that the contents of these cells consist of *bonâ fide* bile.

That the *adipose* contents of these cells is destined to constitute a portion of the hepatic secretion, may be regarded as fully determined by the recent analyses of bile carefully conducted by Berzelius himself. He has shown that this secretion, as obtained from the gall-bladder, contains oleate, margarate, and stearate of soda; or, in other language, saponified fat. To complete the determination of its presence, he has further proved that the glycerine, separated from this saponified fat, is also present. In these examinations, it has been several times observed that when the obstacle to the outflow of the secretion is only partial, the parenchymal cells are seen as more prominent objects, exhibiting evidently the indications of an increased size from retained secretion. In these cases the *yellow color* is most obvious. The conclusion has been invariably arrived at that the depth of the yellow color, which most probably is dependent upon the collection within the cells of actually elaborated bile, is proportionate to the *number* or quantity of granular matter which the *cell* contains, and is equally diffused throughout the cell, *excepting the interior of the nucleus*, which appears yellow only so far as it derives its tinge from the surrounding molecules.

In *fever*, the adipose globules almost completely disappear from the cells of the liver. In its relation to organic chemistry no trifling interest attaches to this fact.

The absorption of fat from the hepatic cells in fever may be viewed as a circumstance, in reference to its physiological relations, which depends upon conditions exactly the converse of those obtaining in cases of disorganisation of the lungs. The latter organs being reduced to a state more or less completely of disuse, the liver becomes burdened by vicarious labor. In *fever*, on the contrary, from the exalted condition of the respiratory agency, the rapid circulation and highly-oxidised state of the blood, the decarbonising function of the liver is little required. All the stagnant carbon of the body, and consequently that situated in the interior of the hepatic cells in the form of fat, submitted thus to the direct chemical agency of an immense amount of the free or unemployed oxygen with which the blood is impregnated, is pressed into rapid chemical combination, and carbonic acid and water are the products.* An equivalent of fat consists of $\left\{\begin{matrix}\text{C. } 11\\ \text{H. } 12\\ \text{O.}\end{matrix}\right\}$: it would therefore require, to produce the transformations of which we speak, 30 equivalents of oxygen; 22 equivalents to convert 11 equivalents of carbon into carbonic acid; and 12 equivalents to produce water with the hydrogen. From this estimate

* A similar view, in reference to the hyperoxidised state o the blood in fever, has been ingeniously supported by M Coventry, surgeon, of Clapham.—*Med. Gaz. Aug.* 20, 1842.

an approximative conception may be formed of the unnatural excitement which must pervade all the organic processes in fever. Of course, this accelerated state of the respiratory and circulating systems must be sustained by secondary and hidden *organic* changes in the structural composition of the several elements of the body. These are changes, however, which pathological science has not yet unfolded, even to the most foresighted inquirer. The preceding explanation of the conditions leading to the removal of the fatty particles from the cells of the liver, in fever, is rendered probable by the truths derived from comparative anatomy. In insects and birds the hepatic apparatus is relatively small; but this inferior size, and therefore its limited decarbonising agency, has immediate reference to the proportionably increased development of the breathing system. In mollusca and fishes, in which the standard of respiration is low and aquatic, the reverse of these physiological dependencies prevails. This view likewise comprehends the theory, as Liebig has already shown, on which the greater morbid liabilities of the liver in intra-tropical countries are to be explained.

There is one more fact, in connection with the morbid anatomy of the *hepatic cells*, which it seems desirable to communicate. The liver is liable to a disease which is called simply a "granular state of the organ." These granules are small bodies of the same size precisely with the lobuli of the liver, projecting in relief from the surface of the organ, as *dirty-white*, changed *lobuli*, or white scrofulous tubercles. By selecting, by means of a pointed instrument, nothing but a portion of these white bodies, their microscopic structure can be separately inspected. The whole substance of each portion examined consisted of cells of varying figure and magnitude, of which *many*, however, exhibited all the characters of the true hepatic *cell*, but differing from the latter in the *absence* of that most obvious of all its distinguishing marks, the yellow color. In all instances in which no healthy part of the liver had been taken up with the diseased, the cells were wholly destitute of the yellow color.

Notwithstanding the absence of that *color*, which is naturally imparted to the *cell* by the presence of the bile in its interior, there was no difficulty in identifying these as really altered hepatic cells; the other varieties may be still further modifications. The adipose particles are present; and this is a striking identifying circumstance. From the *pale* transparent state of the particle, and the small proportion of primitive molecules contained, the inference appears quite legitimate, that the condition of the ultimate cell observed in this case realises all the physical appearances which the simple circumstance of the *suppression of bile* could induce. It further leads to the suspicion, that *originally*, in the chamber of the primitive elaborating cell, the *adipose* is produced independently of the other principles of the bile, although subsequently, in the process of elimination, they become mutually admingled. The idea of an actual suppression of an organ's function can be only entertained by reference to the remotest, the very first *link* in the complicated succession of parts, the integrity and harmony of which are presupposed in its proper execution. These cells, according to the testimony of every species of evidence yet obtained, are actually engaged in the process of secreting the bile. Disease, therefore, seated in them, mutilates the tenderest elements in the machinery of the gland, and those, too, most essential to the continuance of the secerning process.

MORBID GROWTHS.

There are two significations in which the term "heterology" may be used in pathological science; the first may be illustrated by a formation anatomically different from the structure in and from which it grows. When the coat of an artery, the subpleural tissue, or the dura mater undergoes ossification, the osseous product of the change is *heterologous* from the part in which it is formed. Yet, although alien to this particular spot, it is, notwithstanding, *homologous* to the structure of some *other* system of *organs*. In structural character, therefore, it is not *absolutely*, but only relatively heterologous. If, however, an organ, or part, become the seat of an unnatural growth, the structural characters of which are essentially and wholly *unlike every form of tissue* which is natural to the body, such a morbid production becomes *absolutely* heterologous and heteromorphous. This definition is not sufficiently unexceptionable to justify, upon its basis, the construction of a syllogistic generalisation, although the approximative proposition may be expressed that malignant formations are all absolutely heterologous; all varieties of carcinoma are malignant, therefore they must be absolutely heterologous. In the succeeding observations, it will be presumed that the reader is familiar with the doctrines of Müller in relation to the growth and propagation of malignant disease by the multiplication of *cells*. These views are implicitly founded upon the discoveries of Schwann with reference to the anatomical and physiological history of *cells*.

A malignant growth, although heteromorphous, is not parasitical, for its vessels and nerves are continuous with, and part of, the body; viewed as a *whole*, it is not structurally independent of the general system; but if a single one of its ultimate cells be taken, it may, with undoubted accuracy, be said, with respect to it, that it was an independent and separate organism, as much so as an hydatid. The very same statement, however, may, with equal correctness, be made of *every* ultimate cell in the body; so that the whole body, in actual reality, is a vast compound fabric, like the habitation of alcyonidal polypes, the integral parts of which are made up of separate and individual existences, which are united by the bonds of common centres of sympathy and nutrition. But the *cell* of a malignant growth is distinguished by this singularity; it not only departs in microscopic figure from the normal surrounding cells, it violates also the laws of increase and multiplication, which regulate all the ultimate elements of the economy; it usurps the power of multiplying its species on a new and independent plan—a plan over which the principles of organic nutrition have no control; so far, then, the morbid growth possesses a *physiological* independence of the body in which it is found. There is no capricious and singular irregularity in its modes of production and growth. This is established by the historical circumstance that cancer, in all its formidable varieties, occurs under precisely

the same characters in the present day as a hundred years ago. *All varieties* of carcinoma are reducible to *three species*—the encephaloid, the scirrhoid, and the colloid. The microscope proves that the ultimate elements of structure in these several species, in all cases, present a striking uniformity of character. Chemical analysis has repeatedly confirmed the position that all cancerous tumors abound in albumen (Hecht). Gelatine is contained in greater proportion in scirrhoid than the encephaloid species. Fat has never yet been demonstrated as an element of carcinomatous tumors. Malignant disease is distinguished by the peculiarity that, after artificial removal, it manifests the constant tendency to re-appear in the same part. In true malignant disease the system exhibits proofs, in the universal disturbance of its organic processes, that its various functions are involved more deeply than *simple* local irritation and local pain could possibly occasion. There is no indefinite mysticism or vagueness about these facts. In their collective testimony, they may be regarded as a ground, on which confidently to rest the anticipation, that the time will come when all the phenomena of malignant disease will be assembled under, and referred to, fixed and determinate laws, and it is by the assistance of the microscope that this great object is mainly to be accomplished. The opportunities hitherto afforded at this hospital of examining malignant disease by means of the microscope have been limited; as formerly stated, therefore, the present article is designed only as the introduction to future and more matured and repeated observations. In his valuable monograph on morbid growths, Müller's merit appears in the capacity of a simple descriptive microscopist. He has not opened to view one really new position in regard to their essential organic relations— *why* and *how* a malignant growth is originally formed. Hypotheses are the beacons of discovery. They should be regarded as theorems resting on doubtful conditions; they thus become objects of direct consideration to the mind, and all the force of its concentrated attention is devoted to their establishment or refutation. This exertion must redound to the advantage, if not to the extension, of science. There are two plain and intelligible propositions to be enunciated in introducing ourselves to the study of this difficult subject.

When a malignant disease commences in a part, the *cell* which is its germ may originally be physically the same as those of the cells of the healthy structures around; but that, in consequence of a perversion of growth, its development may become arrested at a particular stage, or it may assume, *in the progress of growth*, a permanently new and heteromorphous figure. This form of cell, immediately assuming the character of permanency, may rapidly multiply, and transmit its type to all succeeding generations of cells produced by the diseased part, the accumulated sum of which constitutes the morbid growth. The second position requires that the changes tending to the production of the morbid growth should commence at a state of more refined remoteness; it supposes that the *material*—the blastema, or perhaps, in plainer terms, the *liquor sanguinis*—being vitiated in *quality*, in virtue of the *cachexia cancerosa*, the *cell* is faulty, *ab origine*, formed upon an abnormal plan from the earliest beginning; and not, therefore, a monstrosity of the natural *cell*, but an absolutely new and superadded organism.

It is not difficult to perceive that this question, as thus presented, abounds in *nugæ difficiles* numerous enough to gratify the most ardent admirer of hypothetic and erudite enigmas. When, however, they are soberly viewed, as so many *heads* under which to range all the facts and phenomena relating to this profound and important subject, they at once acquire the character of usefulness.

Professor Owen has recently advocated the theory, that an acephalocyst or hydatid "should be truly designated as a gigantic organic cell, and not as a species of animal, even of the simplest kind." This view he founds upon the circumstance, that "the knowledge we now possess of the primitive embryonic forms of all animals, and of all animal tissues, places us in the position to take a true view of the nature of the acephalocyst."

An acephalocyst consists of a sub-globular or vesicle, filled with fluid, exhibiting a few pellucid points on its external surface, which Professor Owen, from their analogy to the "hyaline" of Dr. M. Barry, believes to be the germs of *new cells;* but which Dr. Hodgkin considers as points of morbid products. An acephalocyst is filled with fluid, and has no *nucleus*, or the remains of one, like the cell of the protococcus, to which Professor Owen compares it; it however bears this resemblance to these low orders of cryptogamia, that the adult cells among these vegetables produce sometimes embryo cysts from their external surface. Young hydatids do not always escape externally; they are frequently detached into the interior of the primary vesicle in the capsule of which their germs originated, constituting thus the variety which John Hunter called the pill-box hydatid, and Kuhn and Cruveilhier the acephalocystis endogena. These hydatids have the power of rapidly reproducing their kind, and, in fact, realise all the particulars given in the definition of malignancy; yet surgeons maintain the doctrine that hydatid testicle is not malignant, but only incurable. It must be admitted, with Professor Owen, that there is a remarkable similarity between the larger cells of cryptogamic plants and the vesicle of an acephalocyst; but the question is, where is the *proof* that an hydatid is a gigantic organic cell? The cell capsule of an hydatid may consist and be formed of many nucleated cells. Professor Owen does not state that the hyaline points, which he describes as the embryo of future hydatids, really are simple cells—a circumstance which should be proved, in order to give strength to the resemblance which he points out; or we might as plausibly assert that the urinary bladder was only a gigantic organic cell, because it happens to be a hollow viscus containing fluid. Before proceeding further into the consideration of this subject, it becomes desirable to ascertain what are the real characters of a malignant cell, and the varieties which it is capable of assuming. A little familiarity with the microscopic history of the several varieties of carcinoma would be enough to satisfy any observer that the cells of all the soft or encephaloid varieties approach more or less obviously to the spindle-shaped and oval, of which the caudate and orbicular are the two extremes of modifications. All

the encephaloid varieties of cancer, or medullary growths, when examined with the microscope, are found to present three principal varieties of cells, differences in the relative proportions of which occasion the varieties of form and general character which the species of carcinoma assumes.

The first variety, as established principally by the observations of Müller, has *cells* of a round and slightly elongated figure, which contain very minute nuclei and granules: in addition to which, tender transparent fibrils intersect these tumors. This variety is always distinguished by the rapidity of its formation, and its soft, brain-like consistence: examples of it are afforded in struma fungosa testis, medullary sarcoma, and fungus hæmatodes.

The next variety of encephaloid disease is marked by pale elliptical cells, with a slight tendency to a tail-like or caudate prolongation. According to Müller, this is a very rare variety; the corpuscles are destitute of nuclei. The third variety is characterised by the spindle-shaped or caudate corpuscles; these tumors are always more dense and fibrous than the former. The linear aggregation of these elongated cells would, if compactly disposed, evidently produce fibrous bands. In some instances, therefore, the *filaments*, as well as the cells, must be regarded as truly malignant. In the same specimen it is not unfrequently found that all the varieties of ultimate cells are present. From this circumstance, it appears quite legitimate to conclude that this series essentially belongs to one and the same order of cells, and that the apparent dissimilarities manifested by the several individuals depend upon differences simply of age. In process of development (*e. g.*), *a* probably becomes *b*, and this subsequently assumes the more matured characters of *c*, until, ultimately, the adult characters represented at *d* would result. Now, let the supposition be hypothetically entertained, that *a*, the first and youngest of these varieties, after having vigorously attained the stage of childhood, were suddenly to sustain an arrest or check of growth, but, notwithstanding its dwarfish and diminutive proportions, it were still to enjoy the power of reproduction—of reproducing *too*, *its kind*, although it may be the *dwarf* only of a larger species,—is it not evident that a tumor made up of such cells would be distinguished by mechanical and anatomical characters extremely unlike another whose component cells were long, spindle-shaped, or caudate, and bicaudate, admitting thus of more compact aggregation than the weakly-organised circular variety?—and can it be affirmed that the history of development affords no grounds, no principles, on which to advocate the tenability of such views? Although, on a more palpable scale, the principle of development is in no particular different from that which checks the prescribed evolution of the palate or the lip—from that which operates on the insignificancy of an ultimate cell, and forbids the progress of its destined growth. Let the examination, however, be extended to other species of malignant formation.

In the scirrhoid varieties of carcinoma, the prevailing or predominant figures in the ultimate cell are the orbicular or circular. In all the sub-varieties, the cells are more or less completely reducible to this confirmation; the stone-like density of scirrhus is due to the fibrous stroma, in the meshes of which the true cancerous cells are contained. These intersecting stromatous fibres, according to the opinion of the best authors, cannot be considered a part of the malignant growth; they contend that they consist of the proper structure of the part, thickened, tightened, and otherwise altered by the local agency of the disease.

The cells of scirrhous carcinoma are furnished, for the most part, with nuclei and nucleoli. It should never be forgotten that the presence or absence of a nucleus, or even difference in its *size* and *position*, constitute real and organic dissimilarities between individual cells. It may be observed that in some cells the nucleus is small, pellucid, and indistinct; the cell altogether being large and enclosing *few* primitive molecules; in others the *cell* is smaller, and the nucleus larger. Sometimes, too, an orbicular group of primitive molecules, *destitute* of an enclosing *capsule*, are observed; on other occasions the *cells* are endowed with a double nucleus, and present all the indications of a high standard of organisation. It is a singular circumstance in the history of *scirrhus* that it occurs solitarily—confined, that is, to one locality; it is slow in its growth, and rarely attains a very large size. The pancreatic sarcoma of Abernethy, the carcinoma reticulare of Müller, the chondroid cancer of Recamier, are examples of varieties which belong to the species *scirrhus*. *Colloid carcinoma* constitutes a distinct species, and presents an organisation more characteristic and distinctive than any of the preceding. It consists of a gelatiniform mass, the structure of which is composed of several orders of definitely disposed cells. The primary order of cells appear under the character of capacious areolæ, enclosing a secondary series; and, finally, a third system appears as granular nuclei to the second.

This species manifests a remarkable preference for the muscular structure of the stomach; the characteristic cells are generated at a very early stage, and are less visible at the more advanced.

MALIGNANT TUBERCLES OF THE LIVER—CARCINOMA TUBEROSA OF DR. FARRE.

It is an important fact in the history of these tubercles that they implicate very little the proper glandular structure of the liver; healthy hepatic tissue may immediately surround the malignant growth; the tubercles arise in different portions of the organ, from independent centres of growth, and the cells proceed rapidly on the work of multiplication. These observations were made upon a case which some time since occurred in this hospital. The cells are as uniform and regular as those of the colloid species of cancer. In encephaloid disease of the *ovarium*, as it was lately shown in our observations, a species of compound cell may be found which bears no distinct analogy in plan to those of colloid cancer. It consists of a large oval capsule, measuring 1-785th of an inch in its long diameter, and distended with small orbicular nucleated cellules, measuring about 1-3000th linear. In addition to which, however, this ovarian tumor abounded in the characteristic encephaloid caudate cells. The very counterpart of this compound cell was also discovered here lately in the yellowish deposit or transformation which is found in the cortical segment of the *kidney* at the more advanced stage of albuminous disorganisation of the

organ. There is a true malignant stamp in the aspect of these compound cells, although little is yet known of their natural history.

A specimen of *epulis*, and another of semi-ossified tumor attached to the inferior maxilla, were recently examined by the microscope, at the request of Mr. Key. The examinations led to extremely instructive distinctions between the microscopic structure of those growths which are truly malignant—that is, those local growths, which, during their progress, radically and organically involve all the component systems of the body; and those tumors, which are simply heterologous, which acquire, however, the undue power of implicating the surrounding structures. The ossified tumor was composed of cells which throw important light upon the process of ossification. Numerous cells of this description were found, in which smaller solid masses of calcareous matter were clearly made out; by the action of dilute hydrochloric acid, effervescence occurred, and the masses in great part disappeared. On subsequently treating the preparation with acetic acid, it was distinctly observed that the masses of calcareous matter were contained in membranous *sacculi* within the larger cell. This is a very near approach to the plan on which the *gritty* matter in the *pineal gland* is organised, as recently determined at this hospital. The effervescence which, under the agency of hydrochloric acid, occurs, indicates that the masses are principally composed of carbonate, and not phosphate of lime. To Mr. Dalrymple the merit belongs of first proving that ossification may take place by the collection of sclerous material within the sac of a *nucleated cell;* but Mr. Dalrymple has made no allusion to the membranous subcelluli in which the osseous deposit is contained. Properly speaking, however, it is not ossification; for the deposit chemically differs from the hard portions of true bone. It should therefore be designated simply as an abnormal secretion of carbonate of lime, just as urate of soda, in rheumatic diatheses, is secreted in the neighbourhood of joints. These cases of morbid growth, whose heterologous character is simply local, are those which, if once completely removed by surgical operation, never exhibit a disposition to re-appear.

As the limits allotted to this article are already transgressed, the points desired to be inculcated, with reference to the question of malignancy, may be briefly expressed in conclusion.

That as science advances, the probability becomes correspondingly stronger that general laws will be developed on which to account for the production and unmanageable progress of malignant disease.

That the facts and principles, which modern physiology has already unfolded, warrant the inference that *malignancy* is originally synonymous with a local perversion of nutrition; but that, under a continuance of the process, a *re-action* of its influence upon the general system occurs, after which all hopes of recovery, from surgical removal of the part, are blighted.

That the *mechanism* of growth in cancer differs in no particular from that of *normal* nutrition, but that the organic *elements* at work in the two cases are dissimilar.

That the *cells* of malignant growths are only monstrosities of the normal cells, produced by a *perversion* of the *moulding* agency during the process of growth.

That the *degree* of malignancy is proportionate to the simplicity and uniformity manifested by the ultimate elements of the tumor; that on this, the encephaloid species of carcinoma exhibit proofs of lower standard of organisation than the scirrhoid—of being *less* under the controlling agency of the general system.—*Guy's Hospital Reports*, October, 1843.

CHRONOLOGICAL SCHEDULE OF THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

John Goldwyer Andrews, St. Helen's-place, *President.*
Sir Benjamin Collins Brodie, Bt., Saville-row.
Samuel Cooper, Woburn-place, Russell-square.
Honoratus Leigh Thomas, Leicester-place.
Robert Keate, Albemarle-street.
John Painter Vincent, Lincoln's-inn-fields.
George James Guthrie, Berkeley-street.
Anthony White, Parliament-street.
Thomas Copeland, Cavendish-square.
James Briggs, Edgeware-road.
William Lawrence, Whitehall-place.
Benjamin Travers, Bruton-street.
Joseph Swan, Tavistock-square.
Edward Stanley, Brook-street, Grosvenor-square.
Joseph Henry Green, Hadley, Middlesex.
Thomas Callaway, Wellington-street, Southwark.
George Gisborne Babington, Golden-square.
Robert Liston, Clifford-street.
James Moncrieff Arnott, New Burlington-street.
John Flint South, Blackheath-park, Blackheath.
John Morgan, Finsbury-square.

Robert Rainy Pennington, Portman-square.
Alexander Ogilvy, Montague-square.
Richard H. H. Steel, Berkhampstead.
Thomas Nixon, Pepperwick, Notts.
James Borland, Teddington.
Sir Simon Heward, Knt., Carlisle.
John Gunning, Paris.
William Hey, Sen., Leeds.
Robert Bloxam, Isle of Wight.
Richard Cartwright, Bloomsbury-square.
Thomas Beckett, Russell-place.
Stephen Woolrich, Bridgnorth.
James Annesley, Albany.
George Frederick Albert, Cheltenham.
Henry Parkin, Marine Barracks, Woolwich.
Thomas Kidd, A., Corfu.
Joseph Constantine Carpue, Charlotte-st., Fitzroy-sq.
Sir James Pitcairn, Knt., A., Cork.
Henry Coates, Salisbury.
Sir Stephen Love Hammick, Bart., Cavendish-square.
George William Young, Mortimer-street.
Joseph Langstaff, Cambridge-square.
John Smith Soden, Bath.
Charles Seager, Clifton.
William Henchman Crowfoot, Beccles, Suffolk.
William Percival, sen., Northampton.
George Norman, Bath.
Samuel Dyer, Cambridge-terrace, Hyde-park.

John Bacot, Portugal-street, Grosvenor-square.
Richard Wood, Birmingham.
John Harris, Exeter.
John Badley, Dudley.
Bowyer Vaux, Birmingham.
Sir John Chapman, Knt., Windsor.
William Attree, Brighton.
George Gunning Campbell, Montague-square.
George Langstaff, New Basinghall-street.
Samuel Ludlow, Exeter.
Jonathan Toogood, Bridgwater.
Sir Augustus West, Knt., Paris.
Morgan Thomas, Woolwich.
Thomas Davis, Brook-street, Hanover-square.
William Andrews, Salisbury.
James Dawson, Liverpool.
John Ridout, Montague-street.
John Augustus Knipe, United Service Club.
Vere Clarke Kemball, Oriental Club.
John Wright, Derby.
Hugh Chudleigh Standert, Taunton.
Charles Farrell, Dalyston, Loughrea.
John Atkinson Ransome, Manchester.
Robert Bickersteth, Liverpool.
Charles Boutflower, Liverpool.
Kenrick Watson, Stourport.
John Bishop Estlin, Bristol.
George Champney, York.
James Ainsworth, Manchester.
Andrew Brown, Paris.
Richard Bennett Godwin, Derby.
Harry Blaker, Brighton.
William Tuckwell, Oxford.
William Bewicke Lynn, Sloane-street.
John Grenfell Moyle, Charlton-Kings, Cheltenham.
William Goodlad, Manchester.
James Pook Sheppard, Worcester.
John North, Gloucester-place.
Robert Thorpe, Manchester.
Charles Wingfield, Oxford.
John Lawrence, Brighton.
Thomas Martin, Reigate.
Richard Willson Brown, Bath.
Richard Blagden, Albermarle-street.
Charles Mayo, Winchester.
Gideon Algernon Mantell, Clapham-common.
Samuel Barnes, Exeter.
William Cother, Gloucester.
John Haddy James, Exeter.
John Needham, Leicester.
Matthew Pierpoint, Worcester.
William Rae, Melville Hospital, Chatham.
Joseph Hodgson, Birmingham.
Samuel Smith, Leeds.
Henry Terry, Northampton.
Alfred Jukes, Birmingham.
John Clarke, Speddock, near Dumfries.
John Cooper, Liverpool.
William Lloyd Thomas, Hatfield.
Charles Henry Phillips, Cleveland-row, St. James's.
John Baird, Newcastle-upon-Tyne.
Thomas Joseph Pettigrew, Saville-row.
William Jackson, Sheffield.
Robert Taylor, Brighton.
John Green Crosse, Norwich.
William James Wilson, Manchester.
William Cleobury, Oxford.
William Hunter, Surgeon-major, Guards.
John Okes, Cambridge.
James Wardrop, Charles-street, St. James's.
Montague Gosset, Broad-street-buildings.
Thomas Michael Greenhow, Newcastle-on-Tyne.
Sir John Fife, Knt., Newcastle-on-Tyne.
James Ranald Martin, Grosvenor-street.
William Wright, Nottingham.
William Kingdon, New Bank-buildings.
William Couborough Watt, Royal Naval Hopital, Malta.
Robert Harrison, Dublin.
James William Braine, Cleveland-row.
George Beauchamp Knowles, Birmingham.
Robert Armstrong, Plymouth Hospital.
Thomas Turner, Manchester.
John Boutflower, Manchester.
Henry Giles Lyford, Winchester.
William John Wickham, Winchester.
John William Wilton, Gloucester.
Joseph Prince Garlick, Leeds.
John Mawdsley, Hanover-square.
Edward Tegart, Bryanston-street.
Sir John Webb, Knt., Woolwich.
Sir Jacob Adolphus, Knt., Cheltenham.
John Yerrow Arrowsmith, Shrewsbury.
Eusebius Arthur Lloyd, Bedford-row.
Daniel Henry Walne, Guildford-street.
Henry Edward Burd, Shrewsbury.
Thomas Arthur Stone, Clifford-street.
William Hey, jun., Leeds.
Richard Hughes, Stafford.
John Masfen, Stafford.
William Mac Kenzie, Glasgow.
Andrew White, Hertford-street, May-fair.
George Macilwain, Argyll-place.
Thomas Paget, Leicester.
John Hopps, York.
George Buckley Bolton, Pall-mall.
Robert Craven, Hull.
Robert Cecly, Aylesbury.
Herbert Mayo, Boppart.
Philip Chilwell De la Garde, Exeter.
Francis Peter Ballard Samwell, Margaret street, Cavendish-square.
George Sampson, Chester-street.
Robert Wade, Dean-street, Soho.
John Prince Halton, Liverpool.
Richard Wellbank, Chancery-lane.
John Scott, New Broad-street.
Edward Cutler, New Burlington-street.
William MacKenzie, Edinburgh.
Isaac Hurst, Bedford.
Charles Aston Key, St. Helen's-place.
John Whitaker Johnson, Derby.
Douglas Fox, Derby.
James Syme, Edinburgh.
Richard Thomas Gore, Bath.
Cæsar Henry Hawkins, Half-Moon-street.
Richard Duguid Grainger, Annerley, Norwood.
Frederick Carpenter Skey, Grosvenor-street.
John Harris, Bedford.
Frederick J. R. Hale Thomson, Berners-street.
James Luke, Broad-street-buildings.
John Maurice Banner, Liverpool.

Thomas Pridgin Teale, Leeds.
William Eccles, Old Broad-street.
Benjamin Henry Norgate, Norwich.
William Francis Morgan, Bristol.
Frederick Huntington, Hull.
Price Blackwood Hallowes, Canterbury.
David Browning Major, Canterbury.
John Colley Taunton, Hatton-garden.
Richard Anthony Stafford, Old Burlington-street.
Bransby Blake Cooper, New-street, Spring-gardens.
William Sands Cox, Birmingham.
Thomas Wormald, Bedford-row.
George Pilcher, Great George-street, Westminster.
John Bishop, Bernard-street.
John George Perry, Great James-street, Bedford-row.
George Simpson, Bedford-street, Bedford-square.
Gilbert Wakefield Mackmurdo, New Broad-street.
Francis Kiernan, Beaumont-street, Marylebone.
Henry Heath, Newcastle-on-Tyne.
Henry Russell, York.
John Harrison, Bristol.
Thomas Green, Bristol.
Richard Hey, York.
John Malyn, James's-street, Westminster.
George Gulliver, Royal Horse Guards Blue.
Edward William Tuson, Russell-place, Fitzroy-square.
Henry Clarke, Bristol.
Richard Owen, College of Surgeons.
John Willimott.
William Coulson, Frederick-place, Old Jewry.
Joseph Jordan, Manchester.
Wilson Overend, Sheffield.
John Dalrymple, Grosvenor-street.
Samuel Gregory, Sheffield.
Richard Middlemore, Birmingham.
Richard Partridge, New-street, Spring-gardens.
John Hilton, St. Thomas's-street East.
William Henry Bainbrigge, Liverpool.
Richard Quain, Keppel-street, Russell-square.
George Mills White, Nottingham.
Thomas Cox Buchanan, Gloucester.
Henry Thomas Chapman, Lower Seymour-street.
Edward Cock, St. Thomas's-street, Southwark.
Henry Denne, Canterbury.
Samuel William Langston Parker, Birmingham.
Samuel Solly, St. Helen's-place.
Thomas Tatum, George-street, Hanover-square.
Alexander Shaw, Henrietta-street, Cavendish-square.
John Adams, New Broad-street.
Alfred Hamilton, Broad-street-buildings.
George Thomson Morgan, Cleveland-st., Fitzroy-sq.
Henry Douglas Carden, Worcester.
Samuel Armstrong Lane, Grosvenor-place.
John Avery, Saville-row.
Frederick Dover, Great Coram-street, Russell-square.
John Hobbs, Southampton-row.
James Farish, Lancaster-place, Strand.
John Dickin, Shrewsbury.
William Pennington, Montague-place.
Henry Clinton Attenburrow, Nottingham.
Dickenson Webster Crompton, Birmingham.
Andrew Melville McWhinnie, Crescent, New Bridge-street.
Edward Wallis, Hull.
Alfred Joshua Wood, Gloucester.
Benjamin Phillips, Wimpole-street.
Henry Cooper, Hull.
George Roberts Tatum, Salisbury.
Charles Beevor, Berners-street.
Henry Jackson, Sheffield.
George Busk, Dreadnought Hospital Ship.
Thomas Wilkinson King, Bedford-square.
John Godwin Johnson, Norwich.
Henry Thomas, Sheffield.
Henry Stubbs, Liverpool.
Charles Lestourgeon, Cambridge.
William Gill, Liverpool.
Rutherford Alcock, Bolton-street.
Benjamin Travers, jun., St. Thomas's Hospital.
Nathaniel Smith, Bristol.
Wm. J. Erasmus Wilson, Up. Charlotte-st., Fitzroy-sq.
Thomas Nunneley, Leeds.
Robert Hughes, Stafford.
William Henry Fletcher, Gloucester.
John Harrison, Charles-street, Berkeley-square.
James Long, Liverpool.
Thomas Blizard Curling, New Broad-street.
Frederick Le Gros Clark, Finsbury-square.
Carsten Holthouse, Serle-street.
John Farrar Crookes, Suffolk-place, Pall-mall.
Archibald Dalrymple, Norwich.
Edward Francis Lonsdale, Guildford-street.
Henry Charles Johnson, Saville-row.
Henry James Johnson, Suffolk-place, Trafalgar-sq.
Cornelius Harrison Browne, Canterbury.
Charles Henry Rogers Harrison, Southampton-street, Fitzroy-square.
Philip Bennett Lucas, Manchester-street.
Dennis Embleton, Newcastle-on-Tyne.
Henry Hancock, Harley-street.
John Gay, Pavement, Finsbury.
John Newton Tomkins, Russell-place, Fitzroy-square.
Samuel Holmden Amphlett, Birmingham.
Charles Lewes Parker, Oxford.
Alexander Ure, Charlotte-street, Bedford-square.
George Lewis Cooper, Keppel-street.
William Morrison, Newcastle-on-Tyne.
George Newport, Sommers-street, Oxford-terrace.
George Viner Ellis, George-street, Hampstead-road.
James Duncan, Edinburgh.
Thomas Morton, Woburn-place, Russell-square.
Edward John Chance, Newcastle-street, Strand.
Campbell Grieg de Morgan, Manchester-street.
John Chippendale, Great Queen-street.
James Dixon, Broad-street-buildings.
James Paget, St. Bartholomew's Hospital.
Josiah Hammond, Cambridge.
Prescott Gardner Hewett, Vigo-street.
Francis Hird, Cleveland-row, St. James's.
Richard William Tamplin, Great Queen-street.
Charles Hawkins, Court-yard, Albany.
William Trew, Woburn-place, Russell-square
Henry Smith, Henrietta-street, Cavendish-square

SEPARATION OF A MOTHER FROM HER CHILDREN IN WORKHOUSES.

IMPORTANT DECISION.

THE QUEEN *v.* THE INHABITANTS OF BIRMINGHAM.—This was an appeal against a Justice's order for the removal from Ashton to Birmingham of two poor children, Harriet and Ann Atkinson, the former under seven, and the latter four years old. The practice observed with respect to passing paupers to the place where they are entitled, by reason of having what is technically termed gained a settlement, to receive relief, is for the overseer of the parish to which they apply, if it is not their own parish, to obtain the order of two magistrates for their removal to the place of their last legal settlement. In the present case the father of these children, whose settlement was in Birmingham, had died, and their mother had married again to a person who was settled in Ashton, in which latter parish all the parties had become chargeable, that is, had applied for and received temporary relief. The children were then, by a magistrate's order, in the manner above-mentioned, which is usually granted far too much as a matter of course, separated from their mother, as was stated, by her consent, and removed to Birmingham, to which parish it was admitted they belonged; and the question now raised was, whether this unnatural removal was not an unlawful one.

We give the remarks of the judges, as they are strangely in opposition to the practice actually adopted in all the "well-regulated" workhouses in the kingdom, where it is the constant practice to separate the mother from the infants.

Lord Denman: There are some cases in which it is necessary to break in upon an Act of Parliament, and upon that which may have existed from all time. It is the mother who is the proper party to have the custody of all her children under seven years of age; and that is not for the benefit of the mother, but for the protection of the children. I think we ought to crush the first attempt to depart from that principle, and it is of the highest importance that it should be considered the undoubted law of the land.

Mr. Justice Coleridge said that the consent relied upon in behalf of the removal was that of a married woman, whose consent to dispose of property would not be of one farthing's value, and yet it was to be considered good for the removal of her young children.

Nothing could be so shocking as for a child of a week old (for that was within the principle) to be removed to a distant part of the country because the mother gave her consent.

Mr. Justice Williams and Mr. Justice Wightman both said the rule was for the protection of the child, and was inflexible.

Rule absolute for quashing the order.—*Worcester Journal*, Nov. 23, 1843.

MEDICAL ELECTIONS.

Mr. Benjamin Phillips has been elected assistant-surgeon to the Westminster Hospital. Dr. Seth Thompson has been elected physician to the Middlesex Hospital.

ELECTION AT ST. GEORGE'S HOSPITAL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Your Journal of the 23rd, which has this day reached me, contains an account of the late election at St. George's Hospital, which states that I "was supported by all Sir Benjamin Brodie's influence."

I beg you will admit in your next Number my denial of that assertion.

I was not supported directly or indirectly by Sir Benjamin Brodie, who neither voted nor took any part whatever in the election.

I am, Gentlemen,
Your obedient servant,
CHARLES HAWKINS.

The Court Yard, Albany,
Dec. 28, 1843.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, December 22, 1843.

J. Burt, P. T. Gunning, W. A. Anderson, R. K. Dunn, A. Wade, N. Ward, M. Anthony, N. S. Smith, M. Balfe, J. Horton, V. Edwards, T. Fleming, J. S. Knight, E. M. Foster, S. H. Swayne, C. H. Fasson, E. P. Phillips, D. Evans, G. Cleveland.

BOOKS RECEIVED.

The Sixty-eighth Report of the Visiting Justices of the County Lunatic Asylum at Hanwell; including the Fifth Report of the Resident Physician, Dr. Conolly. London: 1843.

The London Physiological Journal, Nos. 2 and 3, for November and December, 1843.—[This cheap and excellent periodical contains some original communications of interest, and a fair resumé of recent microscopical researches.]

Observations on the Arrangement of the Fibres in the Optic Nerve of the Loligo and other Animals. By John H. Power, M.D. Dublin: 1843. pp. 18.

Natural History, Pathology, and Treatment of the Epidemic Fever at present prevailing in Edinburgh other Towns. Illustrated by Cases and Dissections. By John Rose Cormack, M.D.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

Mr. Morris's paper shall appear next week.

Private answers will be sent to several correspondents in the course of a few days.

Medicus.—We will speak on this subject next week.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 171.] LONDON, SATURDAY, JANUARY 6, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

OBSERVATIONS ON THE TYPHUS FEVER WHICH PREVAILS IN THE FENS OF LINCOLNSHIRE; ITS SYMPTOMS AND TREATMENT.

By Edwin Morris, Esq., Spalding.

The great source of typhus fever in low marshy districts is malaria. An individual may have been laboring under it for weeks prior to the symptoms of continued fever becoming apparent. In my former communication I have stated that persons affected with malaria have a "moist, white tongue;"* but if, at any time, it becomes dry, and the mouth clammy, we may conclude that they are about to have continued fever.

Typhus fever may advantageously be divided into *three stages*—a stage of depression, a stage of excitement, and of collapse, which last generally extends over a space of four or five weeks.

The *first stage* is of uncertain duration; it may be a few hours or days, and is generally ushered in by cold rigors, pain in the back, lowness of spirits, and great prostration of muscular power, and when the patients sit down they say they feel as if they were going to sink into the earth, so excessive is their weakness. There is also soreness and weariness, the pulse is small and feeble, the tongue dry, with a collection of white fur upon its dorsum; it has a continued tremulous motion when put out, and the lips quiver as though the patients were about to cry.

This is followed by the *second stage*, in which the pulse becomes quick, small, and hard, and sometimes intermittent; there is a continued buzzing in the ears; a dull aching pain in the head; the tongue is dry and parched, and as the disease advances the fur upon it becomes of a brown color; the urine is secreted in small quantities, and the bowels are costive; the breath is hot and very offensive; the heat of the body is very great; the breathing is quick and laborious, accompanied with occasional deep sighing; the symptoms are much increased in severity in the evening, and generally subside again towards morning. An eruption sometimes appears in patches upon different parts of the body, but generally upon the abdomen; it seldom, however, lasts long. After a time the symptoms are much increased, delirium comes on, and the patient raves violently, and is with difficulty kept in his bed; sordes collect upon the teeth, the tongue is dry and rough, and the color of mahogany; the thirst is very great; the lips are parched and cracked, and often bleed; the patient lies horizontally upon his back, and there is a continued inclination to slide down in the bed, so that the feet generally project out from under the clothes; the patient frequently makes a moaning noise, and picks about the bed-clothes with his hands; the urine and fæces are passed involuntarily. From the continued moisture caused by this, and the pressure produced from lying in one position, there is apt to be an inflammation of the integuments covering the sacrum, which rapidly lose their vitality, and slough, forming immense sores.

After a time the symptoms abate, and the *third stage* commences. The patient becomes sensible, the sordes upon the teeth and the crust upon the tongue begin to peel off, the pulse is very feeble, and there is great debility, profuse perspirations occasionally break out, and also acute pains in the abdomen occur in paroxysms. During this stage we have occasionally hæmorrhage from the bowels and from the nose. The mucous membranes have so far lost their vitality, that ulceration of the intestines frequently takes place. The patients gradually become convalescent, but, before they thoroughly recover, all the hair falls off, and the cuticle upon the palms of the hands and soles of the feet peels away, and for a long time they are a living spectacle of the dreadful calamity which had befallen them. A month or two will elapse before they are capable of any laborious occupation; but, when once recovery has taken place, they will become robust and active, and bear greater exertion than formerly; indeed, the system appears completely changed.

I have mentioned that an eruption in some cases appears upon the body; I believe this to be characteristic of true typhus, and individuals who have this I have never known to have a second attack of typhus after complete convalescence; but, when this eruption is not present, they are not free from the liability to it; indeed, they appear more susceptible of its influence, and frequently have relapses. When, however, the eruption is present, we may view it as a guarantee to the patient of his being proof against the poisonous contagion for the future.

This eruption makes its appearance during the second stage of the disease, and most frequently upon the abdomen; it is in patches of a dark red color, and rough to the touch; it is not attended with itching or pain; indeed, the patients are ignorant of its presence; it is, therefore, essential that we should carefully examine them every time we visit them, or else it may appear and disappear without our cognizance. It is uncertain in its duration; it may last a few days or only a few hours, but will generally continue visible during the second stage of the disease; yet, as I before observed, I do not mean to affirm that in all cases of typhus we have this eruption, because I have occasionally seen cases which have run regularly through the different stages without it.

There has been much diversity of opinion amongst physicians respecting the regularity with which a *crisis* takes place in typhus. That a crisis does take place is unquestionable, but as to the time it will vary

* Provincial Medical Journal, vol. vii, p. 417.

much, according to the age of the individual, and whether there be any serious organic affection of the chest or head. It usually takes place from the twentieth to the twenty-seventh day, and its approach is generally indicated by the increased violence of the symptoms. Relapses will occasionally take place during the third stage, and mostly in those cases where a crisis takes place early, and is caused by some intestinal irritation or organic lesion.

Typhus is frequently complicated with some other affection of the body, and the most common one is bronchitis; old people are much more liable to this than young persons, and whenever this complication is present, the danger of a fatal termination is much increased. Whenever an affection of the chest takes place, effusion into that cavity will often occur very rapidly, an event we have too frequently to lament; abscesses will often form in different parts of the body, and whenever they are situated over the tibia, necrosis of it invariably follows. I have a patient under my care at the present time who has had a severe attack of typhus, and an abscess has formed immediately below the right knee, the pain from which has been excruciating.

Where cases terminate fatally, death generally takes place during the last stage. It may, indeed, occur in the first stage; patients occasionally, when first attacked, fall senseless on the floor; the shock is too much for the system to bear, reaction never takes place, and dissolution speedily happens. When death occurs during the second stage, it is mostly from effusion into the head. The excitement is very great, the patient is furiously delirious, the inflammatory action of the brain runs very high, effusion takes place, the pupils are dilated, the patient has a wild staring look, coma comes on, convulsions follow in quick succession, and death closes the frightful scene. The younger the patient, the more liable he is to die from this cause, and the fatal event generally takes place about the eighteenth or twentieth day.

I have before stated that hæmorrhage occasionally takes place from the bowels during the latter stages of the disease; this is not of frequent occurrence, and only in those cases where the symptoms have been very violent; under such circumstances, the mucous membrane becomes softened and attenuated, and readily gives way, when any increased impetus is given to the circulation; thus, an abrasion of its surface is produced, and hæmorrhage is the consequence. The cases in which this occurs mostly have a fatal termination.

After an attack of typhus, patients are frequently deaf, but the deafness usually leaves them when they have thoroughly recovered their strength. In a few cases suppuration has taken place, within the ear, the tympanum has become perforated, and the small bones discharged through it, and permanent deafness has been thus produced. A violent diarrhœa will sometimes take place, which is productive of the worst effects; indeed, I know of no complication which is so dangerous, and always look upon it as an unfavorable symptom. The alimentary canal generally becomes implicated in this disease, and when it is so to any extent, the tongue becomes red at the edges, and bears marks from the indentation of the eth upon it; the fauces are inflamed, there is burning sensation about the epigastric region, with pain, which is increased upon pressure, and the food is occasionally rejected.

Contagion. — Much has been said, and a great deal written, respecting typhus. As far as my experience goes, it is a disease decidedly of a contagious character, and is thus rapidly propagated from one person to another, and may, in nearly every instance, be distinctly traced. I could give numerous instances of its extension through towns by this means, but shall content myself by stating the following, which has recently occurred:—A gentleman had a severe attack of typhus fever; during his convalescence his wife caught this disease, and died from effusion taking place into the cavity of the chest; they had a daughter who resided a distance of twenty miles from them, and who occasionally visited them when ill; she also fell ill of the fever, and communicated it to the other members of her family, and it was soon after spread through the village where she resided. We could not have a more convincing instance of its contagious character; and when a case happens to occur, in a locality where the atmosphere is charged with malaria, and the population more or less predisposed to it, the rapidity with which typhus is communicated by contagion is truly astonishing, and it is a long time before the village or town gets rid of it. It is under the above circumstances that we have an occasional burst of typhus, in certain localities, which will rage with unmitigated violence for a length of time; it pays no respect to persons; the blooming bride of yesterday is snatched quickly away from the world by this deadly enemy to the human race, and the lonely widower is left to bewail the loss of his bosom friend and partner of all his joys and sorrows, inwardly lamenting the miserable resources of the physician, who has not been able, with all his boasted philosophy and learning, to preserve for him his lost and deeply regretted companion. But it teaches both a lesson—the husband, how vain are all human calculations for the future—the physician, how utterly worthless have been the remedial agents he has employed, reminding him forcibly that there was at work a higher and mightier power, which can not only create, but destroy.

But I have digressed. There is a village a few miles from us, where the fever is raging most violently, and many have been cut off by it; and yet, the surrounding districts within a few miles of it, are unusually healthy. I have no doubt there is some local cause which is the occasion of it, which ought to be looked to, and removed, or else the inhabitants will stand a chance of being harassed with it for some time to come. A great deal has been done, but more remains to be effected, to abate at all the original cause of typhus in these marshy districts. The improvements which have been made were done with the view of benefiting the land, and making it more valuable; the formation of a healthier atmosphere was but of secondary consideration; but, however, in this instance, one good turn followed another, for the very means which were adopted to bring the Fens into a state so as to admit of their being profitably cultivated, were the most likely to free the atmosphere of malaria; and as prevention is always better than cure, it would be well if the different companies who

have the management of the drainage of the fens would bear this in mind, and make use of the ample means which they possess, to get rid, as much as possible, of the malaria, which is the great source of fever. The plan which they would have to pursue to do this would tend greatly to improve the land, and would, of course, ultimately amply repay them. The poor suffer the most from typhus; its diffusion is much increased amongst them by their living in small and badly ventilated rooms, and by many occupying the same both for sitting and sleeping in; and also by their being scantily supplied both with food and clothing. It may be as well to remark, *en passant*, that the mortality from typhus is greater amongst the teetotallers than amongst those who do not observe total abstinence from stimulants; they appear to have no stamina left, and the shock is too much for their system to bear; they also suffer severely from malaria. A great many Irishmen came, during the harvest, into the fens, and nine out of ten have taken the pledge; it is astonishing how these poor fellows suffer from malaria, which quickly becomes typhus; numbers of them apply to medical men for permission to take stimulants, as a medicinal agent, for they find they cannot exist here without it. To work hard, live sparingly, and drink our ditch water with impunity, would require a stronger constitution than even an Irishman's.

Treatment.—Authors have stated, and it is generally believed amongst medical men, that it is possible to check typhus in its early stages. As far as I have observed, I deny this. It will have its course; we may modify the symptoms, but certainly not check it *in limine*. It is very seldom that we are called to a case of typhus during the first stage; it is generally when the stage of excitement has commenced, and the disease is fully established. As the alimentary canal is mostly in a torpid state, it will be right to administer a brisk purgative; a combination of calomel with rhubarb will be found the best, and this must be repeated, until a copious evacuation has been obtained; the feather bed should be taken away, and the patient laid upon a soft mattrass, the curtains upon the bed should be removed, and the carpet taken up, and the room kept well ventilated; the blinds should be drawn down, so as to subdue, as much as possible, the light, as it is painful to the eyes, and distresses the patients very much; the effervescing saline medicine should be given every four hours; with toast and water, barley water, lemonade, and milk whey, *ad libitum;* as the thirst is excessive, it is as well not to restrict the use of any of the above diluents; the hands, arms, and face may be occasionally sponged with tepid water, which refreshes them very much. Patients generally refuse all nourishment, and will go for days without food; when they are inclined to take any, it should be light and easy of digestion, such as sago, tapioca, and arrow root; broths should not be given during this stage, as they cause an increase of fever; when delirium occurs, the head must be shaved, and evaporating lotions kept constantly applied upon it, or a bladder filled with pounded ice or water, for there is extreme heat about the head, and the application of cold has a very soothing effect. When the patient is very restless, one drachm of the tincture of henbane, with an ounce of camphor mixture will tend considerably to allay this irritability.

As regards the abstraction of blood during this stage, when there is great pain in the head, with increase of fever, quick pulse, and a dry tongue—under such circumstances, the abstraction of much blood will be decidedly injurious; there can be no objection to the application of half a dozen leeches to the temples, but in no instance do I think it justifiable to open a vein, and thus withdraw suddenly a given quantity of blood, and from patients too, who are poisoned with miasmata, and have the nervous system in the greatest possible state of excitement. I know this is contrary to the opinion and practice of some medical gentlemen whose professional capabilities are of the first order, and for whom I have the most profound respect; nevertheless, with due deference to them, I must record my objection to a plan of treatment which I am fully persuaded frequently causes effusion to take place; or, if not, causes the fever rapidly to assume a typhoid character. I recollect, two years ago, a young plethoric female who was suffering from an attack of typhus; she had a severe pain in the head; pulse full and quick. A vein was opened, and a basin full of blood abstracted; a dozen leeches were afterwards applied to the head. The pain was very little relieved, and effusion took place a few hours after; the patient became comatose, and died. The next case I saw of a similar character, I kept cold cloths constantly applied to the head, gave one drachm of the tincture of henbane, and repeated it in three hours; it had a most delightful effect; the patient became tranquil, and appeared much relieved; I took care to keep her under the influence of it for some time, and had the satisfaction of seeing my patient recover. Therefore, whenever this state of excitement exists, with great pain in the head, cloths moistened with cold water should be constantly applied, and a drachm of the tincture of henbane be given, and be repeated every four hours: this will be found greatly to lessen the irritability and abate the pain; blisters applied to the head and neck I have occasionally found to relieve it, but I am no advocate for them; the good they do is not commensurate with the increase of suffering they produce. As soon as ever the third stage commences, which will be known by the symptoms decreasing in violence, the mode of treatment must be altered; the decoction of bark must be given in combination with ammonia; port wine must be administered, also beef tea and jellies; for a crisis has taken place, the great excitement has passed away, and a severe collapse come on, and, unless the strength is kept up by stimulants and nutritious food, the patients will quickly sink from exhaustion. At this period they require narrowly watching, their friends are apt to overload their stomach, and sickness is induced, which will much retard recovery. An evacuation must be had every day from the bowels, and the patients be kept as quiet as possible; the feather bed may now again be allowed. During this stage of the disease the patient will often suffer from an acute pain in the abdomen; a soothing embrocation should be applied upon the surface of the abdomen, and a dose of hydrochlorate of morphia given. If diarrhœa comes on at this time, it must be immediately checked by astringent injections. The back should be frequently

examined, to ascertain if the continued pressure from lying in one position has caused a discoloration of the integuments; if so, a quantity of tow should be rolled lengthways in a napkin, and formed into a ring, and placed underneath the patient, so that the pressure might thus be removed from the affected part; an air cushion shaped like a ring would be much better. When sloughing takes place, linseed poultices must be applied, and the sore kept very clean; when the sloughs have all separated, a piece of lint, moistened with a lotion containing two grains of the sulphate of zinc to the ounce, and applied upon the sore, will cause granulations to spring up very rapidly.

When hæmorrhage takes place from the bowels, an injection should be administered, and repeated occasionally, containing half a pint of the decoction of starch, with half an ounce of the tincture of catechu, and one drachm of tincture of opium.

During convalescence, the patients require good nursing, and great care must be taken in regulating their diet; their meals must not be crowded upon each other, but sufficient time must be allowed between each, so that the stomach may thoroughly digest one meal before another is taken. The breakfast should consist of cocoa and milk, or coffee, with dry toast. At eleven o'clock the patient may have the following:—Take the yolk of an egg, and beat it well with a fork; then add to it three ounces of boiling water; mix well together, and pour it into a half-pint glass, containing a few lumps of sugar; to this add a dessertspoonful of brandy; spice with nutmeg; then fill up the glass with new milk; stir it well together; a little biscuit should be taken with it. The dinner should be of food of easy digestion—such as fowls and mutton, rice and sago puddings, but by no means pastry of any kind; jellies made with port wine may be taken *ad libitum*. I may be thought too particular upon this point, but I am convinced that sufficient attention has not been paid to it, either by the medical attendant or friends of the patient, and that several have had their recovery very much retarded for want of proper caution being taken in the selection of their diet, and the time for taking it; and some there are who have fallen a sacrifice to their want of care in this respect. If all cases of fever were precisely alike, we should have no difficulty in laying down a fixed plan of treatment; but, as this is not the case, all directions must be more or less vague and unsatisfactory. Nevertheless, I have ventured to give certain general principles to guide us in the treatment of typhus, and any anomaly that may arise in the symptoms of the disease must be left to the judgment of the medical practitioner in attendance to combat in the best manner he may think proper. Thus it is that the country practitioner is suddenly thrown upon his own resources; he goes to his library, and looks over attentively the work which treats of the disease, but finds the symptoms there given very different from those presented to him in his patient, and closes the book with evident dissatisfaction; he is compelled to consult and observe the book of nature, which is now open to him; he acts upon his own judgment; he compares cases; he gradually gains more confidence in himself; his diagnosis is more correctly formed; the symptoms are treated, and not the name of the disease; he gives over theorising, and becomes a practical man. I have been in attendance upon a poor family for upwards of three months who have had the fever severely. It commenced first in a little girl, seven years of age; the rest of the family, eight in number, caught it; they had violent delirium, with pain in the head. No blood was abstracted or blisters applied; they were treated after the manner I have above recommended, and are now convalescent, and there is every prospect of their thorough recovery. This family had the fever under every disadvantage; they were dirty people, and had only one sleeping room; four beds were in it, and two of them were upon the floor; five of the children were confined to their beds at the same time, and were in a deplorable state.

EDWIN MORRIS.

CASE
OF
ASPHYXIA FROM HANGING,
TREATED BY BLEEDING.

By C. R. BREE, Esq., Stowmarket.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The case so well related by Dr. Shearman in your last Number, affecting, as it does, the treatment of that important class of affections, the result of suspended animation, induces me to forward you the particulars of a case which fell under my notice several years ago, and in which the treatment pursued by Dr. Shearman was attended with complete success.

I happened to be passing a cottage in this town at the moment its occupant, a man about sixty years of age, had been found hanging by the neck from a rope attached to the banisters of the stairs. He was instantly cut down, and at first appeared quite dead. His face was swollen, and black with congested blood, the eyes starting forwards, and the tongue protruding, presented a most horrid spectacle. The surface was cold, and the action of the heart not to be felt with the hand. I did not, however, waste much time in inquiring about symptoms. I cut up his coat sleeve, applied a bandage, and opened a vein. I then got all the hot water I could obtain, and applied it, by means of a flannel, to every part of the surface I could come at, particularly to the arm in which I had opened the vein. I at first thought all my efforts would be useless, but, by perseverance, I at last got the blood to flow from the vein, shortly after which respiration became partially established, and the action of the heart distinctly felt. I now opened the temporal artery, and took away altogether about twenty ounces of blood, with most decided and permanent relief to my patient. He gradually became sensible as the blood flowed from the vein and artery. He was now put to bed, when, continuing to treat the case as one of congestive apoplexy, I applied sinapisms to the ankles, a blister to the nape of the neck, and directed him to have an active enema. Soon after he was put to bed, however, he became delirious, and required the assistance of two men to hold him. He was now in the condition of a man

laboring under *mania from drink*. This condition lasted more or less for forty-eight hours, when it gradually gave way, and the man perfectly recovered, and is alive and well at the present moment. He had been laboring under melancholia, which had caused him to commit the rash attempt at self-destruction; but he has evinced no symptom of the malady since that time, now between six and seven years.

Now, I think it will be readily acknowledged that our treatment of these cases ought to be decided. There is not a moment to spare, and the first and obvious indication is to relieve the congestion, which *stops the circulation* of the blood. The slightest reflection must convince us that the effect of the ligature round the neck must produce congestion not only of the brain, but of the lungs also. If either one or the other, or both, of these effects, particularly the latter, continue, death must be the inevitable result. Then comes the question, is it most proper to take blood from an artery or vein? My answer to this query would be, get blood from a vein if you can; if you cannot, open an artery. *But get it by any means you can.*

I should occupy too much of your space were I to go at length into the interesting physiological questions which the subject affords; but of this I feel certain, that no one will deny the following positions:—

1. Life is incompatible for any length of time with a gorged state of the vessels of the lungs or brain, or both.

2. That the surest method of relieving the engorgement, produced by a ligature round the neck, must be by promptly opening a vein or artery, or both, and using every known means to excite the flow of blood *from* the system, by which its circulation *in* the system will be most surely established.

3. That, as the capillary circulation in the lungs is dependant upon the natural stimulus of oxygen, therefore, as soon as congestion is removed, artificial respiration, or the excitement of the muscles of inspiration, by ammonia, hot water, &c., ought to be adopted.

I believe few will disapprove Dr. Shearman's treatment of his case. The result was unfortunate, but I think it probable a post-mortem would have revealed some internal injury, sustained in the act of hanging, as the cause of death. The conduct of the coroner is, I think, highly reprehensible. He first impugns the treatment of the medical man, and then refuses him the only means of defence left for him in the form of proof. The profession will readily exonerate Dr. Shearman; but the observations of an ignorant coroner may do more harm than truth can readily remove. The coroner's inquisition is, in this neighbourhood, becoming to be regarded as a mere judicial farce, got up for the benefit of the coroner. Coroners *now* dispense with medical evidence very frequently where it is required, simply—as one of them *simply* imformed me—because *they* are out of pocket for the fee until quarter-day.

I am, Gentlemen,
Your obedient servant,
C. R. Bree.

Stowmarket, Dec. 30, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JANUARY 6, 1844.

We have frequently had occasion to notice some of those strange evils which are permitted to disgrace our civilisation. Amongst these it would be difficult to name one that is more revolting, more repugnant to the good taste and morality of the community, than the practice of burying the dead in large towns, and especially in the metropolis.

Our readers are doubtless aware that the immensity of the abomination of intra-mural interment in London—its dangers to the health of the living—its degradation of their morals—the shameless charnel-house traffic carried on by the gravediggers and sextons—the most inhuman violation of graves—the mutilation and ejection of recently interred corpses, in order to make room for new occupants of these transitory resting-places,—these were first fully brought before the attention of the public (after existing and increasing for more than a century, with a few occasional isolated and inefficient attempts* to remedy the nuisance) by Mr. Walker, the surgeon, of Drury-lane, in a work entitled "Gatherings from Graveyards," published in 1839. We know very well that attempts have been made to throw discredit on Mr. Walker's statements, by persons who are interested in the perpetration of the nuisance, or who are annoyed at its exposure; and the most unheard-of loathsomeness of some of the practices which he described, caused them to be for a while regarded by many as exaggerations of the realities. Undismayed by any attacks, however, Mr. Walker has followed up the exposure from that time to the present with the most admirable patience, industry, and intrepidity. We We believe we are correct in stating that it was through his persevering solicitation that the Committee of the House of Commons was obtained in 1842, which having established the truth of his statements, by a most overwhelming mass of evidence, gave birth to an abortive attempt at legislation in the same year. Since that time the attention of her Majesty's government has been directed to the subject; and Mr. Chadwick has made it the subject of a special report, which we now have before us, and propose to examine somewhat in detail.†

* Amongst these we must reckon an attack on the System of Interments in London—made by Mr. G. F. Carden in 1825. But Mr. Carden's main object being to support a trading joint-stock cemetery company, and his assault being neither vigorous nor persevering, he was soon overwhelmed with persecution and ridicule.

† Report on the Sanitary Condition of the Laboring Population of Great Britain. A supplementary report on the results of a special inquiry into the practice of interment in towns, made at the request of her Majesty's principal Secretary of State for the Home Department, by Edwin Chadwick, Esq., Barrister at Law. Presented to both Houses of Parliament by command of her Majesty. London, 1843.

The report is exceedingly comprehensive in its character, and investigates the subject in almost every conceivable light. Beginning with a brief enumeration of the evils of intra-mural interment, it considers in succession the injuries to the health of the survivors occasioned by the delay of interments—the causes of delayed interments amongst the lower orders, arising from the difficulty of providing the funeral expenses—the effects of excessive funeral expenses on the economy of the lower orders—the aggregate expenses of funerals to the public—the means of diminishing the evil of the prolonged retention of the dead among the living—the remedies proposed in the shape of suburban parochial cemeteries—the legislative measures respecting burials which are in force on the Continent and in America—the results of experience in respect to the sites of burial places, and the necessary precautions to be observed respecting them—the extent of burial-grounds in and around the metropolis—and the necessity of some national establishment for the protection of the public health, the advancement of science, and the ensuring such decencies and religious ceremonies as are demanded by the good-feeling and conducive to the morality of the survivors.

The point first discussed is, whether the effluvia of animal putrefaction are injurious; and if so, to what extent and in what manner? On the first question, we should think that common sense and popular experience would furnish a sufficient answer. Not, however, that the question is yielded without debate; and we doubt not but that most of our readers recollect the attempts that have been made of late years to establish the paradoxical proposition of the inocuousness of the products of putrefaction. It has been denied, on the one hand, that the gases of putrefaction are, under ordinary circumstances, noxious; and, on the other, it has been said that, although they may be noxious, as *azotic* irrespirable gases, or by causing a general slow deterioration of the health, they do not cause specific diseases, such as typhus.

Now, it appears to us that the arguments used in support of the inocuousness of putrid exhalations are about on a par, in the scale of absurdity, with those adduced to prove the non-contagiousness of fever. A man might say, "I was in the battle of Waterloo, and saw many men around me fall down and die, and it was said that they were struck down with musket balls; but I know better than that, for I was there all the time, and so were many of my friends, and we never were hit with any musket balls. Musket balls, therefore, could not have been the cause of the deaths we witnessed."* So we find, in the evidence laid before the Committee of the House of Commons, the Bishop of London said that, whilst residing in the rectory house of St. Botolph, Bishopsgate, he did not find *his* health at all affected, nor did he find it improved when he left that residence. Dr. R. B. Todd tells the committee that the patients in King's College Hospital do not suffer, in any way, from the emanations from the graveyard adjoining, in Portugal-street. An eminent surgeon told Mr. Chadwick that he believed no injury resulted from the emanations of decomposing animal matter, for *he* had never suffered any. And another surgeon told Mr. Chadwick that he had lived for many years near a churchyard in the metropolis, and had never perceived any effluvia from it; neither did *he* perceive any emanations at church, or anywhere else. And thus, these hasty people would persuade us that an exceptional exemption is the general rule.

But we do not think we need expend much space in convincing our readers that these emanations are noxious in every form, and in every degree of dilution. Mr. Chadwick mentions the evidence which is brought forward, of robust sexagenarian dissecting-room porters, of persons employed as gravediggers and undertakers, who are said to be quite unconscious of any ill effects.

"Medical papers," he continues, "have been written in this country and on the continent, to show that the exposure of workmen to putrid emanations in the employment of sewer cleansing has no effect on the general health; and when the employers of the laborers employed in such occupations are questioned on the subject, the general reply is, that their men have nothing the matter with them. Yet, when the *class* of men who have been engaged in the work during any length of time, are assembled—when they are compared with classes of men of the same age and country, and of like periods of service in other employments free from such emanations—or still more, when they are compared with men of the same age, coming from the purer atmosphere of a rural district, the fallacy is visible in the *class;* in their more shrunken and pallid aspect—the evidence of languid circulation and reduced *tone*, and even of vitality—and there is then little doubt of the approximate given me by an engineer, who has observed different classes of workmen, being correct—that employment under such a mephitic influence as that in question, ordinarily entails a loss of at least one-third of the natural duration of life and working ability."

The second part of the argument, that, namely, which opposes the belief that putrid exhalations ever cause typhus *de novo*—which contends that this fever is always produced by contagious emanations from the *living*, and not by the putrescent exhalations from the *dead*—is much the same in its character. It is supported by the fact that, under innumerable circumstances, in prisons, in slave ships especially, have human beings been crowded together with utter neglect of ventilation and cleanliness, in such a manner as to give rise to the most noisome effluvia, and

* Watson's Lectures, Vol. II., p. 700.

have been exposed to most concentrated exhalations from the dead—after battles, for instance—but yet no fever has broken out.

This part of the argument is very easily opposed. These are exceptions as well as the former cases cited. But let us admit that we cannot bring forward any specific instances of an exanthematous typhus agreeing in every respect with strict nosological definitions—can we not, however, find any cases of connate disease, produced by the admission of putrescence into the blood, precisely similar to typhus in the general character of their phenomena, and in their contagiousness?

All experience goes to support the doctrine, that the poisons which produce fevers, like the yeast used in fermentation, act not so much by virtue of their *composition*, as by being in a peculiar *state of decomposition*, which *state* they propagate to other bodies with which they may come in contact. Thus, to quote from a communication of Dr. Lyon Playfair to Mr. Chadwick—

"Both decaying and putrifying bodies are capable of communicating their own state of decay or putrefaction to any organic matter with which they may come in contact. To take the simplest case, a piece of decayed wood, a decaying orange, or a piece of tainted flesh, is capable of causing similar decay or putrefaction in another piece of orange, wood, or flesh. In a similar manner the decaying gases evolved from sewers occasion the putrescence of meat or of vegetables, being in the vicinity of the place from which they escape. * * * The decay or putrefaction communicated by putrid gases or by decaying matters does not always assume one form, but varies according to the organs to which this peculiar state is imparted. If communicated to the blood, it might possibly happen that fever may arise; if to the intestines, dysentery or diarrhœa might result. * * * The men who are employed in cleaning out drains are very liable to attacks of dysentery and of diarrhœa."

So much for the theory of the case. But for the fact—Can we find any instances of a typhus-like disease, capable of propagation by contagion, which may be distinctly produced by the imbibition of putrid gases?

We think that we have an ample choice of such diseases. We might open Mr. Nunneley's book on Erysipelas; or refer to Mr. Storrs's account of Puerperal Fever lately published in this Journal; or we might bring forward the cases of the kind related in Mr. Travers's work on Constitutional Irritation; or the case related by Dr. Copland in his evidence before the Committee of the House of Commons, of a gentleman who died of malignant fever produced by the emanations of a vault, and who communicated a similar disease to his wife, of which she also soon died;—but we shall content ourselves now by referring to a disease which, from the uniformity of its symptoms and of their mode of propagation, has every right to the title of a *specific* disease, and which unquestionably is engendered by the effluvia of animal putrefaction, and is capable of communicating a typhus-like malady by its own effluvia. "Whilst M. Parent-Duchâtelet," says Mr. Chadwick, "was looking for immediate appearances of acute disease in the robust workmen living amidst the decomposing animal effluvium of the Montfauçon, I have the authority of Dr. Henry Bennett for stating that he might have found that the influence of that effluvium was observable on the sick at half a mile distant." "When I was house-surgeon at St. Louis," says Dr. Bennett, "I several times remarked that whenever the wind was from the direction of the Montfauçon, the wounds and sores under my care assumed a foul aspect. M. Jobert, the surgeon of the hospital, has told me that he has repeatedly seen hospital gangrene manifest itself in the wards, apparently under the same influence. It is a fact known to all who are acquainted with St. Louis, that the above malady is more frequent at that hospital than at any other in Paris, although it is the most airy and least crowded of any. This, I think, can only be attributed to the proximity of the Montfauçon. Indeed, when the wind blows from that direction, which it often does for several months in the year, the effluvium is most odious." Those who have read the works of Hennen, Blackadder, and other military surgeons, will not require us to adduce further examples.

Not that we believe ammonia, or sulphuretted hydrogen, or any mere inorganic gas, to be the cause of fever, but the *yet decomposing and not quite decomposed* animal matters; and none can deny that some of these may engender even the true typhus.

We will not, however, dwell further on this subject. Let us merely enumerate the evils proved to result from the present practice of interment in London. First, then, is the diffusion of septic gases through the atmosphere, causing an uncertain, but doubtless an immense loss of life and health, sometimes distinctly and palpably traceable to this source, but more generally confounded and intermingled with the effects of other deleterious agencies. Secondly, the contamination of wells and springs; and it is proved that the products of putrefaction may extend long distances through the ground from the churchyards. Thirdly, the utter annihilation of those solemn and beneficial effects which funerals ought to produce on the attendants, but which are quite incompatible with processions through crowded thoroughfares, intermixed with a population hurried hither and thither in pursuit of business or pleasure, and jostled by a low, irreverent, obscene mob of lookers-on; we may add the curtailment of the rites of religion rendered almost inevitable by the multiplicity of duties that harass the town clergyman. Then, fourthly,

is the shock to the feelings (and every shock to our better feelings is an evil), caused by the certainty that, of no very distant period, the corpse of the nearest or dearest friend, instead of "reposing in decay serene," will be "knaved out of its grave," as Sir Thomas Browne has it, the coffin burned, and the bones hurried to the charnel-house, thence to be deported to the North of England, and ground for manure; or else tumbled into a sewer, as used to be the practice of the proprietors of Enon chapel, of pious memory; or else carted away as rubbish, and *shot* down wherever chance might direct, to fill up the foundation of a house, or to form an elevated causeway;* their tombstones, perhaps, forming a pavement round a skittle-ground, as is the case at a public house near the old St. Pancras burial-ground. Fifthly, there are the degrading effects produced upon the morals of the gravediggers, and the undertakers' men, who are obliged to resort incessantly to strong drink, in order to support them under their most offensive occupations; and than whom (witness their fiendish games at skittles with skulls and thigh-bones; their following poor widows, and demanding money to drink, under a threat of not filling up the grave) a more brutalised set of human beings scarcely exists—we doubt if even we can except the resurrection men, who occupy such honorable space in the biography of Sir. A. Cooper. Sixthly, we must mention the utter impossibility of finding, or of identifying a corpse for medico-legal purposes—a circumstance which might often interfere with the detection and punishment of crime.

We must briefly allude to the subject of *burial in lead*, because a very mistaken notice of its safety is prevalent even in high quarters. The Bishop of London, for instance, in his evidence before the committee, states his belief that a properly made leaden coffin effectually prevents the escape of any gases, and prevents all ill consequences in nineteen cases out of twenty; and says that "it has been the practice of the churchbuilding commissioners, within the last twenty-four years, to sanction the construction of catacombs under churches, arched with brick or stone, and having no entrance from within the church, which ought, indeed, under no circumstances to be permitted"—and then he subjoins the old argument, "*I have never heard* from the clergyman or parish officers in any case that any inconvenience has been experienced from interments in such vaults."

Yet it must be very evident that the putrefactive gases are formed, as well in lead as in wood; they merely bide their time for escape. Mr. Walker has abundantly proved that they retain their noxious qualities for any indefinite number of years; and has given instances enough of alarming illness caused by their escape, either when they have burst the coffin by their expansive force, or when it has been *tapped*, as it is technically called, to avoid bursting; or when the coffins after many years of interment have been removed by workmen to make way for others. So that this privileged form of interment can have no allowance on the ground of immunity; whilst they who really wish like the patriarch to have their dead decently "buried out of their sight," will choose the earth for their modest resting place, instead of a lurid catacomb.

We have dwelt so long on this, which is the first and shortest portion of Mr. Chadwick's work, not because it contains anything particularly new, for this part of the subject had previously been investigated in the most ample and satisfactory manner by Mr. Walker, but in order to induce our readers to propagate, amongst the various classes of society, a clear knowledge of the dangers to health and life which accompany the practice of intra-mural interment. Unluckily the most convincing proofs of the danger, the immorality, and ultimate costliness of a nuisance is not enough to ensure its removal. It requires many a vigorous effort to disturb the *vis inertiæ* of society. But the medical profession may do something at least towards rousing public opinion, and directing it in the proper channel.

We must recur to Mr. Chadwick next week.

* Vide evidence of Mr. William Burns before the committee.

ROUGH NOTES FOR LORD ASHLEY.

We have received a communication from an intelligent country surgeon with the above title, which we subjoin.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In compliance with the suggestion thrown out in your last Number, and in the note of Mr. Guthrie in the preceding Number, I beg to hand you a short account of some of the grievances under which I labor in my unthankful office of parish surgeon. You say that "the pecuniary part of the question is not the most important;" and perhaps it is not, but yet it is a great part of the question; for what consolation can a man have in performing a duty which wears out both soul and body, which subjects him to the bullying and impertinence of an ignorant, overbearing set of guardians, unless he is well paid for it? I think that you will agree, Gentlemen, that the pecuniary part of the question is not a little part of it, as regards the poor either. I know I cannot afford to do my duty by them, because I must live myself; and besides, in this neighbourhood, what poor people want is bread and meat, more than physic, to keep them well, and a little wine when ill.

If you will not think me too tedious, let me just hint at the great good which gentlemen would do if they were to look into these things with their own eyes when they came home from Parliament, and take their seats at the board themselves, and see both the poor and the doctor righted. I could get on with a *gentleman*, and he would soon see what was wanted;

but the thick-skulled farmers (*gentlemen farmers*, I should say) think only of their own pockets. Hoping you will excuse the liberty I take,

I am, Gentlemen,
Your humble and obedient servant,
J. J.

January 1, 1844.

Payment for Attendance on Sick Paupers.

During the last quarter I have attended 140 out-of-door sick paupers, which appear on my register, besides slight cases not entered on it, for the salary of £17 10s., which is exactly 2s. 6d. per case. In the whole of this number I have hardly had one case of acute inflammatory disease, the majority being such as arise from either bad food with too much work, or from living in low, damp situations, namely, consumption, low fever, dyspepsia, chlorosis, &c. The numbers cut off by consumption are frightful; whole families vanishing before the prime of life. People may say that £10 will buy a vast deal of "*physic*;" so it may, of salts, tartar emetic, and jalap; but that is not the kind of "*physic*" such cases require. I would ask, is £17 10s. per quarter a proper, fair remuneration for a medical man who attends such cases as the above decently, and gives them the expensive medicines they require—such as tonics, bark, quinine, opiates, &c.?—or, rather, is it not a premium for killing paupers, by paying a medical man so hardly that he cannot afford to give them proper medicines and attendance.

In the workhouse I have attended sixty-five cases during the last quarter, at the salary of £2 10s., which is about 9¼d. for each case, including very troublesome cases of sore legs, scald head, itch, besides many cases of aged persons requiring great attention. I have attended, during the whole period, a very severe case of compound fracture of the skull, for which it is very doubtful if I shall be paid.

The extras during the quarter have been for midwifery cases in the house £2, one out 10s, and a case of simple fracture of the leg, £3. Vaccination, £1 13s.

These salaries include payment for weekly workhouse and out-door reports, quarterly reports, reports of cases vaccinated, &c., requiring much time, and a great deal of trouble.

Payment for Operations and Bad Cases treated in the Workhouse.

The poor-law commissioners do not permit payment for any operations performed, or bad cases treated in the workhouse. Do they suppose it is no trouble or inconvenience to visit a workhouse twice or three times a-day, or that the surgeon to a workhouse would take off limbs for the sake of payment? But what is the consequence? Why, that limbs in joint cases remain on that ought to be removed; tumors, whether likely to prove fatal or not, remain where they are; and cases of severe injury to the limbs, in which there is a chance of saving them, are improperly cut off, to save the far greater trouble it would be to the surgeon to save them, whether treated in the house or not. But in the end, who gains? Not the rate payer.

The poor-law commissioners discourage operations by not paying for them, where paupers can be removed to an infirmary; and what is the consequence? The number of operations a country surgeon obtains is necessarily small; but is he not sometimes called upon to perform, in haste, some of the most important operations of surgery—and can it be denied that practice is as necessary to one surgeon as another, in order that he may operate successfully? Can it be wondered at, therefore, that many patients die, leaving, perhaps, a large family, as a legacy to their parish; when, if the country surgeon had been properly encouraged in the operating art, their lives might have been saved, as well as an enormous expense to the rate payer.

Attendance on Poor Women in their Confinement.

Many poor women, who are at other times allowed the parish surgeon, are compelled, for attendance during confinement, to pay their own surgeon, or go without one. What!—is a poor woman, with all the accompanying expenses of a confinement, better able to pay a surgeon at that time than at any other? It is absurd enough. But what is the result? She has an ignorant midwife—she is taken in flooding, and dies; or, perhaps, the surgeon is sent for six hours after the birth of the child, to remove the placenta, and from mismanagement in this, and a variety of other ways, she, and perhaps her whole family, become a burden to the parish for some time. Is much saved by this?

Necessity of rendering the Surgeon independent of the Board of Guardians.

Let me further allude to the importance to the poor of making the appointment of surgeon to any union, or division of one, permanent, during good conduct, in order that he may be, to a certain extent, independent of the board of guardians. Because, as matters stand now, if he gives them too much trouble by ordering meat or wine for poor sick wretches, or by talking about draining, ventilation, and improving the dwellings of the lower orders, &c., and so runs any risk of touching their pockets, he will most assuredly be turned out, to make room for some one more tractable and obedient, who will eat dirt himself, and let the poor go to the devil.

REVIEWS.

A Manual of Medical Jurisprudence. By Alfred S. Taylor, Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Fcap. 8vo. pp. 679. London: Churchill, 1844.

The present manual, as we learn from the author's preface, is the completion of a work of which a portion was originally published in the year 1836, under the title of "Elements of Medical Jurisprudence." A new edition of the former portion having been called for, and the additions to this increasingly important branch of medical science rendering it necessary that considerable alterations should be made, the author has been induced to depart from his original plan, and, by the adoption of a smaller and closer type, to complete the work in a single volume. In so doing, it has been his intention to produce "a convenient and practical guide to the medical jurist;" and when we say that he has succeeded in his endeavour, we feel that we are bestowing no small amount

of encomium. Our editorial optics are not weaker, we trust, than those of other people; but we must confess that, when we glanced at the closely-printed page and microscopical type, the very thought of attempting the perusal made our eyes ache, in anticipation of the task before them. We, however, became insensibly interested, both in the subject and by the manner in which it is treated, and, notwithstanding a more than common repugnance to small print, have attained a tolerable acquaintance with the author's views. No attempt at system is made in the arrangement of the subjects treated of, and we have in succession poisoning, wounds, infanticide, drowning, hanging, strangulation, suffocation, lightning, cold, starvation, rape, pregnancy, delivery, birth, inheritance, legitimacy, and insanity.

Having so lately had occasion to bring before the notice of our readers the excellent work of Dr. Guy on the same subject, it is unnecessary that we should go over the ground again; but there are one or two points to which allusion may be made with advantage, and upon which the work of Mr. Taylor affords much valuable information.

If there is one class of the community which more requires the protecting aid of the medical jurist than another, it is that of infants and young children. In Jack of Dover's "Quest of Inquirie, or Privy Search for the Veriest Foole in England," we learn that the Fool of Shrewesburie, a notable one in his way, was of opinion that most men of that ancient town were "phisitions." His position was proved by the number of remedies for the toothache which he collected from every individual with whom he came in contact. We suspect that were the wise men of any other, or of every other, town in the kingdom to institute a search in these times, and to take as a test the administration of physic to children, the "phisitions" of our day would, in like manner, be found to include the major part of their inhabitants.

The loss of infant life from the administration of opium, in various forms, is a subject which cannot be too often brought forward. Mr. Taylor's work affords ample evidence of the mischiefs resulting from the use of this drug, in the empirical and incautious manner in which it is so commonly exhibited by ignorant nurses, or careless parents and relations. Of one hundred and ninety-six fatal cases of ascertained poisoning in England and Wales from this drug, one-seventh were cases of children poisoned by over-doses of opium or its compounds. But this number forms but a small proportion of the actual amount of infant mortality from this cause, many of the deaths being annually registered under the heads teething, convulsions, fits, &c.

Children are, in fact, as is well known to professional men, peculiarly susceptible to the influence of opium. Of this susceptibility, several good examples are given by the author, from which we select the following:—

"Dr. Ramisch, of Prague, met with an instance of a child four months' old, which was nearly killed by the administration of one grain of Dover's powder, containing the tenth part of a grain of opium; the child suffered from stupor and other alarming symptoms. After this the following case, which occurred in June, 1832, will not excite surprise:—Four grains of Dover's powder (containing less than half a grain of opium) were given to a child four years and a half old. It soon became comatose, and died in seven hours. Death was referred to inflammation of the throat, and the jury returned the usual unmeaning verdict of 'Died by the visitation of God;' but there was no doubt, from the evidence, that death was caused by the opiate medicine. Dr. Kelso met with an instance where a child, nine months' old, was killed in nine hours by four drops of laudanum, one-fifth part of a grain. It was much convulsed before death. A case is referred to in a late number of the 'Medical Gazette,' in which two drops of laudanum, equal to the tenth part of a grain of opium, killed an infant. Instances of a similar kind are related by Dr. Christison. One is reported ('Lancet,' Feb., 1842) in which a child, two days' old, was killed by a dose of a mixture containing one minim and a half of tincture of opium, equal to the twelfth part of a grain. The child was seized with narcotism and coma, and died in fourteen hours. There are no appearances in the body under these circumstances to indicate death, and it is not very likely that the poison would be detected when taken in so small a quantity. Dr. Merriman met with an instance where a child, a month old, was thrown into excessive stupor by a single drop of tincture of opium contained in a dose of a mixture prescribed for it, the twentieth part of a grain. He met with two instances where death was caused by a small dose of Godfrey's cordial, which contains opium. In 1837 an inquest was held in this city on an infant, aged four months, which was killed by half a teaspoonful of Godfrey's cordial."

It is with this last preparation, and others which are in daily use in the nursery, to quiet what are termed fretful children, or, in other words, to mask the diseases under which they are suffering, that the great mass of mischief is perpetrated. Of Godfrey's cordial, which is chiefly a mixture of infusion of sassafras, treacle, and tincture of opium, it is stated that, "in 1837—8, twelve children were killed by this mixture alone."

The following account is given of poisoning by syrup of poppies:—

"This syrup is said to contain one grain of extract (opium) to one ounce (Thomson); but there is great reason to believe that what is sold by many druggists as a soothing medicine for children, is a mixture of tincture or infusion of opium with simple syrup; it is, therefore, a preparation of very variable strength. This will account for what appears often inexplicable, namely, that an infant will be destroyed by a very small dose. In January, 1841, a child, six months old, is said to have died from the effects of half a tea-

spoonful of syrup of poppies, bought at a retail druggist's. The narcotic symptoms were fully developed in three-quarters of an hour. The syrup in this case probably consisted in great part of tincture of opium. Seven children lost their lives by this syrup in 1837-8. In one of these cases a teaspoonful and a half was given; stupor came on in half an hour, and the child died the following day. The following are cases of poisoning by the decoction. A woman boiled two poppy-heads in a quarter of a pint of milk, and gave two small spoonfuls of this decoction to her child. In an hour the child fell into a deep lethargic sleep, the respiration became stertorous, and in ten hours the child died. On inspection, the brain and its membranes were found congested. In a second case, a maid-servant, in order to quiet a child, gave it two teaspoonfuls of a decoction made by boiling one poppy in a small pot of water. The child was found dead in the morning. The brain and its membranes were much congested, and the ventricles contained bloody serum The seeds of the poppy were found in the stomach."

"It may be observed," continues Mr. Taylor, "that the poisonous salt of morphia is generally considered to exist in the capsule of the poppy and not in the seeds; but Sobernheim mentions one or two cases of poisoning by the seeds of the plant."

There is much interesting information collected on several questions which occasionally come before us, as well as sound judgment displayed in commenting on it, to which we may from time to time feel ourselves called upon to refer; in the mean time we cannot do better than conclude this notice by quoting the very judicious reflections on the duties of the medical witness. "It is unnecessary for me to remark," says the author, "that great responsibility is attached to the duties of a medical witness, and that any member of the profession may find himself involved in this responsibility, from circumstances of a merely accidental nature. When a crime, requiring medical evidence for its elucidation, is perpetrated, the duty of the whole investigation commonly devolves on the practitioner who lives nearest to the spot; it is, therefore, virtually upon his knowledge and experience, that the clear proof of the crime and the legal punishment of the offender, must rest. He should remember that this duty lies strictly in developing the medical proofs of the crime; and he must endeavour to lay aside that feeling which often induces us to see a criminal in every one who happens to be accused — *'prius est de crimine quàm de reo inquirendum.'*—Grotius. I trust that I may not be found to have departed from this maxim in treating the subjects contained in this manual. While I have endeavoured to bring forward every medical point which would seem to establish a crime, I have not concealed the very numerous objections to which all medical evidence is exposed. On one side, my object has been to establish guilt; on the other, to vindicate innocence. A man may be wrongly or rightly accused, but it is for a jury to decide this point, and that medical jurist appears to me to lose sight of the true object of the science who devotes the energies of his mind, in a case otherwise doubtful, to only one side of the question. We ought not to hear, as we have done in recent times, of a medical prosecution and a medical defence. Under such circumstances, a medical jurist can be regarded no longer as the scientific witness of truth, but as the biassed advocate, who will spare no effort to extricate the party for whom he appears. He entirely forgets that his evidence should always be given with a view, not to the acquittal or conviction of a particular individual, but to the vindication of justice, and the due protection of society. He appears for the country, and neither for the crown nor the prisoner—at least, however defective the present mode of summoning medical witnesses may be, this is the character which, it seems to me, he should endeavour to maintain."

HALFPENNY MEDICINE AT MANCHESTER. REPLY TO DR EAGER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I request that you will have the goodness to give insertion in your Journal to the following observations on a letter written by Dr. Eager, which appeared in your Journal of the 11th ult.

In that letter Dr. Eager, after giving his version of the history of the canting and puffing circular, states "that an individual called on the engraver, and gave him an order for 180 circulars, adding that he wanted his crest engraved, *and that, as he was leaving town, he wished the circulars to be left at a surgeon's house, giving the address. The engraver's apprentice delivered the circulars at the house of which the address was given, in this town, and was paid for them a the same house.*" Had the matter rested there, I should not have felt myself called on to take any notice of it; but, when I find the Doctor and his friends have most industriously, both in public and private, circulated these falsehoods, with the addition that it was *at my house these circulars were left and paid for, and that they were forgeries invented for the purpose of injuring his fair fame*, I can no longer remain silent. In order to show that, in my present proceeding, I am not actuated by any vindictive feelings, and that I would very gladly have been spared the annoyance of bringing my name before the public in connection with such a subject, it is merely necessary for me to say that, when I was aware that the Doctor had seen the printer, and heard his denial of the truth of his statements, I requested a mutual friend to call upon him, and to point out to him the necessity of his retracting his assertions, and of making a proper apology, through your Journal, for having been guilty of such falsehoods. Having waited patiently for some time, and finding him still disobedient to the call of justice and of honor, it only remains for me to say that I neither had the copies of

his circular printed nor distributed, as he alleged. It is true I did send one of them to a friend as *a great curiosity*, but none anonymously; and as a proof of the utter falsehood of his most circumstantially detailed statement, I give you the following letter, written by Mr. Fleming, printer and engraver, St. Anne's-square, Manchester, who printed the documents in question:—

"Manchester, Nov. 16, 1843.

"Having seen a letter of Dr. Eager's in the Provincial Medical Journal, relative to some circulars I printed for the Burial Society, I beg leave to state that they were not left at any surgeon's house, but remained at my office until the individual called for them that gave me the order.

"E. L. Fleming."

This letter is quite sufficient to show the amount of faith to be placed in any statement coming from Dr. Eager. The only reason I can imagine why he should have fixed on me in order to carry out the bold stratagem mentioned in the beginning of this letter is, that I had a short time before resigned the appointment of surgeon to a charitable institution in this town, to which the Doctor was physician, and gave as my reason for so doing, that I could not any longer allow my name to be professionally associated with that of a person capable of using such unworthy means as his puffing circular to get into practice, enclosing at the same time a copy of the obnoxious document to the governors of the institution. It may be as well to remark that I did not take this decided step without having made a full and careful inquiry into the history of this hand-bill, which to my great astonishment I found had passed through no less than *three editions*. In the first edition, the puff is of a mild nature, in the second and third editions there is the following beautiful piece of modest self commendation:—"*The directors can most conscientiously recommend this part of the great institution to all the members of the society, on account of the unremitting attention and superior skill of its worthy superintendant, many lives having been saved in the course of the year through the divine blessing on his labors.*" I give this extract for the benefit of those who may not have seen the original. The hand-bill from which this is taken has the Doctor's name as secretary attached to it, and at the bottom is the following admonition:—"Please to keep this bill clean till called for." The second and third editions are precisely similar, with the single exception that the last parades the name of one of the most respectable persons of this town in addition to the number of the patrons. Dr. Eager states in his letter that his connection with the society was only for about the last sixteen months. If such be the case, the first edition of the placard must have been short-lived indeed, for I find that the second edition corresponds with the printed book containing the rules, &c., of the society for the year 1842, while the third edition corresponds with that for the year 1843. I have been thus circumstantial in detailing these particulars, lest it might be supposed that I acted with injustice towards Dr. Eager in not fully investigating his conduct in connection with this puffing circular before I took the decided step I did in refusing to hold any connection with him professionally.

As to the Doctor's assertion that the charlatanic additions were made without his consent or knowledge, I make no doubt it deserves just as much credit as his most circumstantially detailed account of the delivery and payment of the circulars at my house. *However, it can be clearly proved, if necessary*, that these circulars, containing the nauseating puff, were widely and extensively distributed by persons in the employment of the society, for the purpose of gaining subscribers *to the Halfpenny a Week Family Medical Board of Health*, nearly from the very origin of the society; and few persons will be hardy enough to believe that such could have been the case without the knowledge of Dr. Eager, who was secretary, and, *I believe, also, one of the most active directors of this most philanthropic and charitable institution.*

Dr. Eager also says in his letter, "I need not add, when I discovered the objectionable addition to the circular, I had my name removed from it by order of the directors." Hoping that this might be true, and that such a foul disgrace to an honorable profession might be suppressed, I had the curiosity to inquire if such had really been done, for which purpose I directed a poor man to apply to one of the paid collectors and distributors of the society for some of these documents. He did so, and was immediately accommodated with one, having the puff in its original perfection, and the Doctor's name attached thereto as secretary. I forward you this document, with the other original papers, marked in such a way that the above fact can be attested, if necessary. It is really most painful to contemplate that such means are made use of by persons who ought, at least, to be alive to gentlemanly and honorable feelings. It is not my intention to make any remark upon the system of sick clubs in general; but I should be extremely desirous to learn how any medical practitioner *can honestly afford to give the necessary attention to his patients, and supply them with proper medicine* (all of which this Dr. Eager professes to do), for the paltry sum of one halfpenny a-week per head. Having shown that the statements contained in Dr. Eager's letter, referring to me, are totally devoid of truth, and that I had good reasons for my conduct towards him, inasmuch as, from a full inquiry into the subject, I felt convinced that *these circulars were distributed with his knowledge and consent*, and that this is not the first instance in which he has used the same means for the accomplishment of his ends, I have only to request you will do me the justice to give insertion in your valuable Journal to this vindication of myself from the charges brought against me by Dr. Eager; feeling that it is only through the pages of your Journal that the antidote can be successfully applied, to counteract the effects of his previous letter.

Your obedient servant,

Jos. E. Barrett.
Member of the Royal College of Surgeons, London.

P.S. I enclose you the original letter written by Mr. Fleming, the printer, as well as the three editions of the circulars, all printed by the printer to the society; and the books containing the printed rules

of the society for 1842 and 1843—all bearing the signature of Dr. Eager, as secretary.

*** In giving insertion to this letter, we have only to remark that we have received the documents to which Mr. Barrett refers, and that these correspond with his statements.—Eds.

BIRMINGHAM PATHOLOGICAL SOCIETY.

October 7, 1843.

Thomas Williams, Esq., in the Chair.

Mr. Bunn brought before the notice of the society a case of sudden death, caused by aneurysm of the heart.

The subject of the disease was a woman of irregular habits, aged twenty-five; she had died before medical assistance could be brought. On inquiry, Mr. Simons had been able to learn that she had been subject to palpitations of the heart, frightful dreams, difficulty of breathing, faintings, &c., for about two years, or perhaps longer. On post-mortem examination of the heart, a double pouch was found occupying the anterior and left side of the left ventricle, just below the auriculo-ventricular opening. There was slight and partial adhesion of the pericardium to the parietes of the heart at the part affected, and a rupture had taken place in the pouch, so small that the best means of finding it was to pour water into the ventricle, when the fluid could be seen passing out through the orifice, through which the blood had been effused, so as to fill the pericardium.

The rest of the heart was otherwise healthy, though apparently of small size; the sides of the pouch were formed of the structure of the heart, unaltered in appearance, and there were no coagula in it.

There was extensive effusion of fluid (serum) in the cavities of the chest, and into the abdomen.

Mr. Hodgson brought forward a case of hydatids discharged by coughing, which had been sent to him by Mr. Arrowsmith, of Coventry.

Mr. Arrowsmith stated that he had not given, in the report of the case, the remedial treatment employed, because it was merely such as would occur to any practitioner who treated the symptoms as they arose. He need scarcely say that he was ignorant of the true nature of the case previous to the expectoration of the cysts, but he had a decided impression that it was one of *not* an usual nature; that it was not tubercular, for instance; he was led to judge so from the paroxysmal cough, and the absence of dyspnœa, excepting immediately after the cough. It seemed probable, too, that the initiatory symptoms were more actively inflammatory than is at all common in tubercular phthisis, to say nothing of the absence of any obvious or probable sign of strumous diathesis. The man's occupation was one of the healthiest, and he was not at all intemperate. Mr. A. presumed there was some, perhaps unusual, result of circumscribed pneumonia, but of what precise nature he had no accurate idea.

Case.—George Moore, aged thirty, a butcher, residing at Bedworth, applied for advice April 11, 1842. He was a tall, large framed man, and previous to this illness he had enjoyed good health; now he was pallid, thin, and weak. He had been ill two months with severe cough, and inflammation, as he was told, and had been bled freely, and blistered, at first with relief, but the cough continued, and was severe. It recurred at intervals in paroxysms, with but little expectoration, and that was watery and slightly opake. He was free from dyspnœa, excepting immediately after the coughing fit; pulse 100; skin not hot; tongue clean; the upper part of the left side of the thorax gave a dull sound, particularly in front, on percussion; the respiratory murmur was obscure, and there were some whistling and cooing sounds.

In a fortnight afterwards he felt some pain through the left side of the thorax, and a few specks of blood appeared in the expectoration, and the breathing was quickened. He had chilliness and night perspiration; in ten days more he had much diarrhœa, and the perspiration continued, the sputa still being bloody at times; the respiratory murmur was still more obscure.

In the early part of May the diarrhœa and cough became better; the expectoration was more opake and yellowish; it had a bad taste, and appeared to himself to be fœtid, though his attendants were not sensible of the odor. Some pain continued to be felt on deep coughing about the left nipple. In the middle of the month the legs became œdematous, the sputa continuing at all times streaked with blood, and the cough hard. In the third week in May some membranous-looking substances were coughed up for the first time; they appeared somewhat tubular, of a slightly milky hue, and diaphonous. These substances continued to be expectorated occasionally with a little blood; and in the first week in June a small quantity of pus was brought up by coughing; there was then some pain, and decided tenderness on pressure in the left axillary region, and the respiratory murmur was obscure over that portion of the chest.

On the 9th of June the cough became very frequent, and he felt a "skin" in the windpipe; the cough continued very troublesome all night, but in the morning of the 10th it was better, the "skin appearing to go back," the suffocating feelings and the tickling sensation in the air-passages being relieved. The cough again recurred on the 10th, and, after being very troublesome, he brought up "a very large skin." This had so much impeded his breathing during its expulsion, that he fell on the floor nearly asphyxiated. With this cyst he brought up some greenish, fœtid pus, and this kind of expectoration continued the following day. After that time the cough became rapidly better, and no more membranous expectoration appeared.

At the end of June he was convalescent, but the respiratory sound, though much increased, was not then so loud and clear on the left side as on the right. He gradually regained flesh and health, and resumed his employment. In the month of February, 1843, Mr. Phillips had examined the patient at Mr. Arrowsmith's desire, and believed him to be sound.

The case was accompanied with a bottle containing perhaps a dozen burst hydatids of different sizes.

Mr. Russell showed a drawing of an hydatid that had been expectorated by a young lady, who for six weeks had coughed up sometimes as many as a teacupful of hydatids of a yellow color; she recovered. She had never had hectic or purulent expectoration,

and he could not detect the source from whence the hydatids came.

Mr. Hodgson presented the bladder, ureters, and kidneys, with the urethra, of a laborer, aged thirty-five, who had long had stricture at the membranous portion of the urethra. The patient, when under Mr. Hodgson's care at the hospital, had a catheter passed, and retained in the bladder for some days, but irritative fever came on after a time, and he died typhoid.

On examination of the parts after death, the urethra was found obliterated at the membranous portion, and on the sides of the urethra were two or three false passages, made, no doubt, by the various attempts to relieve the retention of urine. One of these passages passed from anterior to the obstructed portion of the urethra on the side of it, into the passage again; another passed by the side of the urethra for the distance of two or three inches, through the prostate into the bladder.

The bladder was sacculated and thickened; the ureters dilated, and their valvular openings into the bladder destroyed. The kidneys, when first taken out, were beautifully varied in color, from the admixture of pus with the red tubuli, and the lining membrane of the infundibula was covered with pus.

The man had suffered latterly from want of power of retention of urine, which Mr. Hodgson considered to arise from the false passages not possessing the elastic property of the true urethra through the prostate gland.

He thought the best treatment for very bad strictures, in poor persons who could not attend to themselves, was to imitate nature in making an opening behind the stricture, through the perineum, for the discharge of the urine. Much mischief was constantly done by the use of catheters, bougies, &c., and the cases generally ended in death, unless relieved in that manner.

RETROSPECT
OF THE
MEDICAL SCIENCES.

CEREBRAL AUSCULTATION.

A paper on this subject has been published in the "American Journal of the Medical Sciences," for October, 1843, by Dr. Whitney, of Newton, Mass., of which we present the following summary:—

He observes that his attention was attracted to the subject by a paper of Dr. Fisher's, published in that journal in August, 1838, since which time he has carefully noted every case and circumstance connected with this mode of diagnosis.

It must be noticed as a preliminary that two orders of sounds may be detected by cerebral auscultation—the first in a healthy state, and the second in a state of disease.

In the healthy state no physical signs are developed, except such as are dependant on causes which are extraneous in their operation to any of the functions of the brain; such, for instance, as the sound of respiration, of deglutition, the sound of the voice and heart as heard through the medium of the brain.

There are, however, other sounds which are manifest only in certain pathological conditions of the brain, and which are dependant upon causes within the brain itself. These are the physical signs, so far as they are known, of certain diseases of the cerebral organs, and as such they will hereafter be spoken of.

Before entering upon the history of these last-mentioned symptoms, it may be proper to say a few words, first, in regard to the normal cephalic sounds.

In auscultating the heads of healthy children, four very different and perfectly distinct bruits are heard passing through the brain. They are evidently the sounds which are produced by the act of respiration and deglutition, by the impulse of the heart and the voice.

1. The one which first attracts the attention is that which is produced "by the impinging of the air against the walls of the nasal cavities during the act of respiration." It commences and terminates with the respiratory act, and in this respect is peculiar and easily recognised. This sound has been denominated "*the cephalic sound of respiration.*"

2. "The second sound which strikes the ear is one whose impulse seems to be transmitted from a distance. It is evidently that of the heart, and is a soft mellow sound, resembling that produced by softly palpating the cheeks when distended with air." This sound is synchronous with the action of the heart, and "varies in frequency and intensity, as the contractions of that organ vary in rapidity and power." This has been called the "*cephalic sound of the heart.*"

3. The sharp, piercing, and vibratory sounds which accompany the act of crying or speaking, and which can be so distinctly heard over every portion of the skull, has been termed the "*cephalic sound of the voice.*" It varies somewhat in its tone at different parts of the head, being the least shrill and piercing at the unclosed fontanelle.

4. The other sound which attracts attention, and the only remaining one of the normal sounds of the head, attends the act of deglutition. It is a dull, massive, liquid sound, and so peculiar, that when once recognised, it never can be mistaken for any other bruit. This is the "*cephalic sound of deglutition.*"

Such are the bruits, which are heard in the heads of infants before the closure of the fontanelle. As age advances, and the density of the brain and cranium increases; these sounds become somewhat modified. The change which some of them undergo in the numerous lesions of the encephalon is, however, exceedingly slight; still others are so manifestly changed in their character as to become symptoms of cerebral disease.

Beside a modification of the "cephalic sound of the heart," under the influence of certain diseases of the cranium, to a consideration of which this paper is more particularly devoted, I shall have occasion, hereafter, to speak of an equally striking modification of the "cephalic sound of the voice," which is found to accompany, and which I think is characteristic of a *particular* affection of the brain. It resembles, as nearly as the nature of the organs could admit, the sound which is known to accompany the effusion of fluid between the two pleuræ of the lungs, and is never heard except in those diseases of the brain which are attended with a similar effusion between the membranes by which this organ is enveloped. It is, indeed,

no more nor less than a simple *ægophony* of the brain; and as such, I doubt not but that hereafter it will be found a valuable acquisition to the category of signs which belong to this obscure and difficult class of lesions. During nearly five years, in which the observations herein detailed have been made, I have noticed the "cephalic bellows-sound" or some modification of it, in no less than eight different and totally distinct lesions of the brain. In some of these it has been a well-marked, constant, and invariable symptom; in others it has been less so, while in all it has been sufficiently striking to render it a valuable and independent physical sign.

The different diseases in which this symptom has been present and characteristic I have arranged, and shall speak of them in the following order:—

1. In simple congestion or irritation.
2. In acute inflammation of the brain, with or without effusion.
3. In chronic hydrocephalus.
4. In acute or local compression of the brain.
5. In induration, or scirrhous transformation of the substance of the cerebellum.
6. In ossification of the arteries of the brain.
7. In aneurysm of the basilar artery.
8. In anæmia, and certain hydrocephaloid diseases.

I. The first instance in which I was able satisfactorily to determine the presence of the "cephalic bellows-sound," arising from *simple irritation or congestion of the brain*, was in the case of a child aged eighteen months.

Dr. Whitney then gives the details of four cases of simple irritation or congestion of the brain; three arising from slight injuries of the head in children, and one from hooping-cough. In each of these a *cephalic bellows-sound* was plainly heard; it was short, abrupt, synchronous with the heart's action, and resembling the sound produced by drawing the finger suddenly over a piece of velvet or fustian. Its intensity and distinctness were proportionate to the warmth of the body and the energy of the circulation, and it disappeared when leeches and purges had removed the state which gave rise to it.

Besides the four cases already cited, says Dr. Whitney, I have had occasion to notice a similar phenomenon in no less than thirteen other instances of cerebral congestion, brought on by concussion of the brain from falls, or some injury immediately inflicted upon the head, and in every instance the existence of this phenomenon, its commencement, and its termination, has been contemporary with the accident and recovery.

There are, however, many circumstances, other than those which are connected with an actual injury of the head, in which decided cerebral congestion is indicated, and in which this new auscultic symptom is manifestly developed.

Out of 100 cases of hooping-cough which I have examined, of about the average severity of the disease, in 87 of them I have been able to detect the cephalic bellows-sound. It has uniformly made its appearance immediately after the accession of a severe paroxysm of coughing, and has as uniformly disappeared so soon as the equilibrium of the circulation was restored, and in no instance of the disease which has fallen under my observation, except in the case (4th) as mentioned above, has the sound continued to be heard beyond the space of a very few minutes.

Out of 225 cases of protracted and painful dentition which I have had occasion to notice within the last four years, in 189 I have distinctly heard the cephalic bellows-sound; that is, in three-quarters of all the cases of teething which I have observed within four years, sufficiently severe to attract attention, the cephalic bellows-sound has been distinctly heard; while, on the other hand, in a perfectly calm and natural condition of the system, I have been unable, under the most favorable circumstances, to detect the least murmur or sound in the head whatever.

Dr. Fisher, in his above-mentioned paper on "cerebral auscultation" thus speaks of the presence of the cephalic bellows-sound in cases of painful dentition as going to prove the existence of cerebral congestion. "I find," says he, "that the cephalic bellows-sound, except in actual diseases of the head, cannot be detected in children previous to the commencement of dentition, and that it ceases to be heard after the teeth have pierced the gum; and in cases where there is a long interval between the successive appearance of two crops of teeth, the bellows-sound, which was developed during the cutting of the first crop, will sometimes cease during the interval, and occur again during the severe excitement produced by the cutting of the second crop of teeth. After all the first set of teeth have made their appearance, the sound dies away, and seldom occurs during the second dentition. In three or four instances, however, I have noticed it in children during the process of the second dentition, but *never* in the adult, except in actual cerebral disease."

II. Dr. Whitney speaks in the second place of the cephalic bellows-sound as connected with an acute inflammation of the brain.

Within the time that these observations have been made, I have noticed this phenomenon in nineteen different and distinct cases of acute inflammation of the brain. It was present in all of them as a prominent and unequivocal symptom, and as such its progress and development was carefully noted from the commencement to the termination of the disease in each case.

This part of the subject is illustrated by cases, from one of which we quote the following passage; it was a case of hydrocephalus from the irritation of worms:—

24. Child had passed a restless day and night. Its symptoms are aggravated. The tendency to sleep has much increased, attended with a low, stertorous breathing, differing widely from the hurried and rapid respiration of yesterday. The conjunctiva of both eyes is slightly injected, especially that portion left exposed by the partially closed lids; some stiffness of the muscles, which is not, however, well marked; pulse rapid.

On examining the head to-day, I at once recognised the sound I had discovered yesterday. It was louder, more distinct, and, from being soft, short, and diffusive—as yesterday—it had become prolonged, coarse, and rasp-like, differing in this respect from the short and abrupt sound of congestion. It was perfectly distinct and characteristic, and when once heard could not be mistaken. Compressing the carotids

with the ends of the fingers caused some little alteration in the character of the sound. It was increased both in intensity and duration, until the pressure had reached a certain limit; beyond *that* the sounds became less and less distinct, confused, running into each other, and finally altogether disappearing whenever the pressure was carried to the point necessary to interrupt the course of blood through these vessels to the brain.

Compression of *one* of the carotids did not entirely obliterate the sound, although it rendered it somewhat duller than when the circulation was free and unimpeded.

Six leeches were applied to the temples, and an equal number to the nape of the neck, and such other remedies were internally prescribed as the nature of the case seemed to demand.

On the following day, March 25, I found the child much relieved; respiration less laborious; more wakeful; and less heat about the surface of the body and head; the pulse, however, remained full and rapid, and auscultation still discovered the presence of the cephalic bellows-sound; and, although not familiar with the nature and character of this phenomenon in the brain, I was unable to separate it from the idea of compression of some kind upon the blood-vessels of that organ.

26. The child had relapsed into a state of somnolency, from which, with its concomitant symptoms, the most careless observer would at once have diagnosed the existence of a most dangerous form of cerebral inflammation; extremities were cold and clammy; muscles rigid and contracted; eyes dry, red, and injected, sunken in their orbits, and rolled upwards; pupil of right side dilated.

On applying my ear to the head of the child to-day, the bellows-sound is at once recognised. It is much more distinct than yesterday, and is also, when pointed out and described. easily recognised by the nurse and parents of the child. The sound is rapid, undulating, and prolonged to such a degree as to render it almost one continuous murmur. It corresponds in frequency with the arterial pulse, and is 148 to the minute.

This new and singular auscultic phenomenon continued to be a constant symptom, increasing in distinctness until the evening of the following day. From that time the sound began to diminish in intensity, becoming more and more indistinct as the powers of life were enfeebled, till it finally died away as convulsions and coma supervened, and death closed the scene.

Autopsy, Twelve Hours after Death.

External Appearance. — Body emaciated; limbs stiff and rigid; countenance sunken.

Head. — Blood-vessels of the dura mater tinged and swollen with an unusual accumulation of dark venous blood. There are also some slight adhesions of this membrane to the skull, which are recent and easily torn from their attachment. A slight effusion of serous fluid is found within the cavity of the cranium, more particularly confined to the arachnoid cavity. The quantity is inconsiderable and undetermined, the greater part of it escaping during the separation of the integuments from the brain. Substance of the brain highly congested. The ventricles are much distended, and filled with a thin, clear, transparent fluid, to the amount of four or five ounces. The cavity at the base of the brain contains also a considerable quantity of a rather turbid fluid, and the blood-vessels at this part are covered with shreds and flocculi of coagulable lymph, manifestly the traces of a violent and recent inflammatory state of the parts.

From the report of another case we extract the following observations relative to another cerebral sound :—

Beside the bellows-sound already described, my attention was, for the first time, attracted to the presence of a *peculiar*, and to me novel sound, *connected with the passage of the voice* through the brain and skull. It has a much sharper and shriller tone than that of the natural voice, and seems to strike upon the ear, as though the shrill notes of the clarion were echoing through the vault of the cranium below. It has, moreover, another character which renders it altogether *so unique*, that when once heard, it cannot easily, the second time, escape recognition; I mean a trembling-brazen-vibratory sound, which in imagination, resembles nothing so much as the noise produced by singing, crying, or speaking through the teeth of a comb, previously covered with a bit of silk, parchment, or paper. In two or three instances since the record of this case, I have noticed this sound corresponded almost exactly with the trembling, bleating sound which is so characteristic of the *œgophony* of the lungs. And indeed, so nearly does this sound resemble in every essential particular that of œgophony, and so nearly also do the pathological conditions, necessary to the development of these phenomena, resemble each other, that I know of no appellation, by which *this* can be better designated from *that*, than by applying to it the term "*encephalic or cerebral œgophony*." But to resume the history of this case—it will be sufficient to state, that the *bellows*-sound still remained a constant and important symptom, so long as the powers of life were well sustained, and failed only when they had become so much enfeebled, as to render existence, every moment, an improbability. The œgophonic sound of the voice, on the contrary, was equally present and distinct, from the time of its first appearance up to the moment when the last groan told that life had indeed departed from the body.

On examining the body after death the following appearances were noticed, beside the usual pathological signs of acute inflammation of the brain, such as have been already described in the previous cases. Convolutions on the surface of the brain were much flattened; and an extensive extravasation of a serous fluid was found within the cavities and between the membranes of the brain, covering nearly the whole of their free surfaces. The great mass of the encephalon, in fact, was, as it were, surrounded with the fluid which had been secreted within it. Over nearly a third of the posterior portion of the cerebrum, there was spread a thick layer of coagulable lymph, which had the appearance of a real membranous expansion enveloping this part. Beyond this there was nothing peculiar in the pathological appearances of any part of the body.

III. In the third place, says Dr. Whitney, I have noticed the cephalic bellows-sound as a prominent symptom in *chronic hydrocephalus*.

The whole number of cases of this disease, which have occurred to me since these observations were commenced, is *five*. Of these, *four only* were subjected to medical treatment. One of these, moreover, soon died of a disease which was purely accidental, and in no way connected with the one in question, and under circumstances too, which forbade any examination of the parts concerned in its development.

We give the subjoined abstract of one of these cases, as it affords an interesting example of the effects of a hazardous remedy in an otherwise hopeless case.

The patient, a child aged three years and four months, had suffered in early infancy from difficult dentition and convulsions.

At the age of twenty months, its head, for the first time, was noticed as being a little peculiar. The frontal portion had become more prominent than natural, and its transverse diameter was evidently much increased, and in spite of the most active and rigid treatment, with purges, blisters, leeches, issues, bandages, *et id genus omne*, the enlargement proceeded onward, while the fever and stupor gradually diminished, and at length died away.

The head has continued to increase in size up to the present moment, and yet the intellect of the child seems to be in no manner affected. It is lively, playful, and appears as sensible as most children of the same age; it is, however, unable to walk, and with difficulty to stand erect. The appearance of the child, to me, is most singular. Its head, which measures full eighteen inches round, broad and expansive, with the frontal region projecting far over the rest of its face, and with difficulty sustained upon a most meagre stalk of flesh, shows a strange contrast with the poor shrivelled, attenuated form to which it is hanging for support. The frontal and parietal bones were separated from each other, to the distance of one-half or three-quarters of an inch; and the sutures of the frontal bone extended nearly down to the root of the nose. From appearances, I should judge that the anterior fontanelle had never entirely closed. The ossification at the posterior portion of the skull was complete, although the sutures at this point were separated from each other. The pulsation of the brain can be seen and felt along the fissure caused by the separation of the coronal and sagittal sutures. It is quite strong, and corresponds with the action of the heart.

The integuments over the expanded sutures appear somewhat raised above the common level of the scalp. On ausculting the head directly over the parts where the pulsations of the brain are most distinctly seen, I hear a remarkably strong and distinct bellows-sound. I cannot perceive that it differs in any way from the same sound as heard in the more acute affections of this organ, save that it is slightly *less abrupt*. Like that, it is coarse, rough, and rasp-like, and is in unison with the pulsations of the brain, and with the movements of the circulating apparatus.

The sound of the voice in this case, is also peculiar. It is sharp, piercing, vibratory, and produces a tickling sensation upon the ear, which is quite insupportable. Like the sound of the voice as described in the last case of acute inflammation of the brain, it resembles very much the shrill brazen sound produced by speaking through the teeth of a comb covered with paper or thin cloth. It is perfectly distinct from the bellows-sound which accompanies it, and is to be ascribed to another and totally different cause.

All other remedies having been faithfully and perseveringly tried, I recommended the operation of tapping as the dernier resort, and as offering the only chance of restoring the brain to its natural condition, and the child to its accustomed degree of health. This proposition not being acceded to, the case was dismissed without further consideration.

The following October, I was again consulted in regard to the same child. During the time which had intervened between this and my first examination of the child, it had been submitted to the "*tender mercies*" of quackery in its most horrid forms. Pills and powders, hot drops and lobelia, lotions and liniments, *all* had been dealt out with an unsparing hand, and *all* to no purpose. The hot-bath and cold-bath, the shower-bath, and vapor-bath had each, also in turn been tried, and all with no better success. Nothing, indeed, could be found which could lighten the child of its unwieldy load.

A measurement of the head indicates an increase in its actual circumference of nearly an inch and a half. The sutures had separated still farther from each other, and an unusual fulness and protuberance of the integuments over them, could not fail to attract the attention of the most careless observer.

On applying my ear to the head, I again recognised the bellows-sound, and equally distinct as before. It is perfectly audible in every portion of the cranium, and cannot easily be mistaken for any other sound.

The same characteristic sound of the voice is also heard, varying in its brazen shrillness, only as the intensity and pitch of the voice is increased or diminished. The vital powers of the body remain much the same; the frame-work still poor and attenuated, and the head still huge and unwieldy. The intellect of the child, as yet, remained apparently untouched, although the frequent recurrence of convulsions had occasioned the most fearful forebodings of its speedy annihilation. It was an *only child*, and consequently any proposition which would hold out "but a chance for its recovery," would now be most willingly and gratefully acceded to. Drawing off the water by means of a perforation through the skull, or membranes, seemed still to be not only the most feasible, but the only rational method of effecting a cure. *Tapping*, then, was again proposed; and although the operation has been most unceremoniously condemned by such men as Gölis, Heister, Boerhaave and Hecker, and also by one of the most eminent practitioners of medicine in our own country, as "having nothing in it but its hardihood to recommend it," the circumstances of the case not only rendered it advisable, but imperiously demanded it.

The operation was performed on the following day, after the manner prescribed by Dr. Conquest, of London, and with what success the sequel will show. A small opening was made through the integuments, about midway between the crista galli process of the ethmoid bone, and the anterior fontanelle.

This place is chosen in preference to any other, as there is at this point less damage of wounding the corpus striatum, on the one hand, and the longitudinal sinus on the other. Through this opening, a small

and delicately constructed trochar, made long and somewhat in the shape of a common couching needle, was passed down into one of the lateral ventricles. On withdrawing the instrument, a clear, limpid, watery fluid, at first very slightly tinged with blood, immediately began to flow through the canula from the brain. Compression was steadily and carefully made by an assistant during the operation. *Four ounces* only had been allowed to escape before the child began to show some symptoms of prostration.

Compression was still maintained, while the point of the finger was held over the free end of the canula, and the discharge was at once arrested. Cordials and some little diffusible stimuli were administered, and time given for the system to rally again.

I took this opportunity to examine the head, in order to ascertain what effect might have been produced upon the physical signs, which had been manifest upon previous ausculations. For the first moment or two, with the most careful attention, I was unable to catch the least audible murmur within the cranium. As the child, however, began to revive, I was enabled to detect an exceedingly low, faint, and indistinct murmur, but could not for a long time identify it with a common bellows-sound of the head. A very powerful compression of the sides of the head by the assistant at once developed the true character of the murmur. It, at the moment, began to increase in distinctness, and although not so audible as previous to the operation, it was sufficiently so to prove its *identity* with "cephalic bellows-sound." It increased and diminished just in proportion to the force used in compressing the brain, and when the head was for a moment left free, it entirely disappeared. Compression of the carotids entirely obliterated the sound under every circumstance. After the child had revived again, the discharge was allowed to proceed, and about *five ounces* more of fluid escaped.

The head was now carefully and tightly bandaged with strips of adhesive plaster and a roller, and the child permitted to rest. No untoward symptoms followed the operation, save a slight meningeal irritation, which speedily gave way to appropriate and well-timed remedies.

About three weeks elapsed, and the operation was repeated, and nearly five ounces more of a similar colored fluid were again extracted.

Previous to the operation, repeated examinations of the head had discovered a well marked bellows-sound. It never was so distinct as before the first operation, although compression of the brain invariably rendered it slightly more perceptible. The peculiar sound of the voice, which also had been present in this case, in like manner, had in a measure changed. From the thrilling, brazen, vibratory sound which had struck so harshly upon the ear, it had become sharper, nearer to the ear, and more circumscribed in its locality; and withal, more like the sound of the voice in its natural state. Suffice it to say, all the phenomena which have been described as accompanying this condition of the brain, slowly and gradually disappeared, as the healthful vigor and tone of the system were again re-established.

The child is still alive, and in the enjoyment of *unusual health*, and although his head may be a "*mite too large*" for graceful proportions, he is a stout and healthy boy, and in intellectual vigor not a whit behind the foremost of his age. I have oftentimes had occasion to notice the little fellow, but never as yet have been able to discover the least traces of any thing which would excite *a suspicion* of his early troubles.

IV. In the fourth place, says Dr. Whitney, I have noticed the cephalic bellows-sound in actual and local compression of the brain.

Mr. S——, the individual who forms the subject of this case, is a young man twenty-three years of age, and formerly a resident of Newfield, Me. About five years ago, Nov., 1838, while "*coasting down hill*," and descending with very great velocity, he was suddenly brought up, "*head foremost*," against a large rock, which lay in his pathway, partially concealed beneath the snow. The blow took effect on the anterior portion of the left parietal bone, causing a very evident depression of the bone at this point. This state of things was soon succeeded by the occurrence of epileptic fits, the first one taking place but a few months from the time the injury was sustained. Previous to this, however, he had often experienced a dull, heavy, oppressive pain, about the region of the injured part, especially when stooping, with the head and body downward. The immediate accession of the fit was ushered in by a very severe and circumscribed headache, located directly over the region of the depressed portion of the bone. After the first fit, the dull, heavy pain about this part became more common; accompanied with a sensation, "as if a heavy weight were pressing upon it." Before the accident above mentioned occurred he had always enjoyed uniform good health, "never having had occasion," to use his own expression, "to call a physician for a single day." Ever after, however, a continual and unremitting headache brooded over him, from which only a temporary relief could be obtained by the most active use of blood-letting and purging. But a few months had elapsed after the *first*, before the *second*, and third, and fourth attack followed each other in such rapid succession as to awaken the most serious apprehension for their final results.

In 1841, about three years from the time of the accident, he was admitted into the Massachusett's General Hospital, and was there advised by Dr. Hayward to have the depressed portion of bone removed, by the *trephine*. But buoyed up with the delusive expectation of being cured by the "restorative powers of nature alone," the operation was not submitted to.

In July, 1842, I was called, for the first time, to see him "in a fit." I took occasion, therefore, during the state of insensibility into which he had been thrown, to examine the brain, in this condition, and also the the physical signs which might be connected with it. On applying my ear carefully to the head I was not a little surprised to find the same physical phenomena present here, as in the most simple form of cerebral congestion. They were perfectly distinct and audible, but gradually diminished, as sensibility again returned. On examining the external condition of the head, I at once detected the spot which was the seat of all his trouble. Convinced of the inutility, therefore, of any remedies while a portion of bone was thus *locally*

compressing the brain, I strenuously advised him to submit to an operation, as the only means which art could afford him, for a speedy and perfect cure.

Anxious to be freed from a disease so troublesome, and at the same time so dangerous to one, whose daily avocation led him amid the whirling machinery of a cotton mill, the proposition was readily acceded to.

July 25th, therefore, a portion of bone, one inch in diameter, was removed from the head, directly from over the point where the depression of the skull was the most evident. The bone adhered to the dura mater by several small attachments, which were, however, easily torn away, and the integuments of the brain laid bare. The brain at this point was exceedingly tender and sensitive to the touch, the least pressure upon it, with the finger or handle of the knife, producing the most exquisite pain. The *exserrated* portion of bone had scarcely been removed, when the patient expressed himself as experiencing a sensation of the most pleasing relief. The "load" which had so long and so heavily pressed upon the brain had been at once removed, and he felt an exuberance and buoyancy of spirits returning, to which for a long time he had been a stranger.

Circumstances forbade any examination of the head being made at the time, or immediately succeeding the operation. On the following day, however, I could discover nothing abnormal about the condition of the brain, either by any of the rational or physical signs of this organ. I noticed, nevertheless, that by pressing pretty forcibly upon the brain, through the opening which had been made in the skull, a very distinct and audible bellows-sound *was created*. It was not so distinct, to be sure, as the sound which I had previously heard during the state of insensibility which had succeeded the fit, but it was sufficiently distinct to be easily recognised, and to identify it with the common cephalic bellows-sound. It should be stated, moreover, that pressure upon the brain, after the manner prescribed above, sufficiently powerful to develope *a true bellows-sound*, occasioned the most intense suffering and distress to my patient, inducing, at the same time, a feeling similar to that which he had frequently experienced previous to the occurrence of the fits.

It is now nearly one year since the operation, and he has never but once during the time experienced the least symptom of their recurrence; and that was occasioned by a severe blow, which he accidentally received upon the head, directly over that portion of the brain which had been left unprotected by the bone. He has since that time, moreover, passed through a long and severe stage of typhoid fever, brought on by exposure and excessive bodily exertion, without the presence of any important cerebral symptoms supervening upon it. And at the present moment, he is in the enjoyment of full and perfect health, and free from the least trace of anything which might excite the remotest suspicion of his former troubles. I have thus given a brief resumé of this important and highly interesting case; the presence of the cephalic bellows-sound having formed the chief inducement for mentioning it here, while a fuller and more detailed account of it has been reserved for another place.

V. Observation Fifth.—This physical phenomenon of the encephalon has been observed also in induration, or scirrhous transformation of the substance of the cerebellum.

VI. Dr. Whitney next speaks of the cephalic bellows-sound as a symptom of *ossification of the arteries of the brain*.

An elderly lady was attacked with apoplexy; her breathing was stertorous, slow, and deep; pulse hard, full, and throbbing, and preternaturally slow; face flushed, and the vessels of the head turgid with blood, and prominent from the surface. There was complete loss of consciousness with profound coma and hemiplegia of the left side, indicating an apoplectic effusion into the right hemisphere of the brain. I immediately ausculted the head, expecting to discover the "impulsive sound" spoken of by Dr. Fisher, in his Observations on Cerebral Auscultation, as connected with this particular condition of the brain. I did not, however, discover that sound, but another and wholly different one, and which, taken in connection with the particular case I am about to describe, is a symptom of a peculiar pathognomonic interest.

A confused, rough, *blurting* sound, as of a fluid rushing through a tube of a rough, unequal calibre, immediately struck upon the ear. This sound was confined to no particular portion of the cranium, but was heard, with almost equal distinctness, over every portion of it. The recurrence of the sound was by no means frequent, corresponding with the slow and retarded action of the arterial pulse. It was more prolonged, much coarser, and less abrupt than the bellows-sound which has been described in the previous cases, peculiarities which were evidently owing to some other and very different causes.

The patient being plethoric, copious venesection was employed from the arm, and the most rigid and antiphlogistic treatment prescribed.

July 11. To-day I found her nearly the same. The coma was not so profound, and when addressed she aroused herself, as if conscious of the presence of some one; relapsing immediately into the state of drowsiness, until spoken to again. General bleeding, with the local abstraction of blood by cups from the nape of the neck, was employed, and the internal antiphlogistic treatment continued.

12. Much improved; coma less profound, although a drowsy heaviness still remains; respiration quite natural when awake, but relapsing into the stertorous when suffered to fall fast asleep. Hemiplegia of the left side still continues; the sound elicited by auscultation is the same rough, confused, and *blurting* one already described, though *its intensity* is much diminished, while in frequency it corresponds with the increased action of the heart and arterial pulsations. This was the "*cephalic bellows-sound*," before spoken of, modified, this change in its color being owing to some specific change in the condition and character of the blood-vessels of the brain.

From this state she advanced to nearly a state of complete recovery, some slight hemiplegia always remaining, and the sounds detected by auscultation never being absent from the brain on future exploration.

A twelvemonth afterwards she had another fit, which was instantly fatal.

Autopsy.

Head.—On removing the calvarium, the dura mater was found in many places strongly attached to its walls. The vessels of this membrane were also engorged with blood, and universally incrusted with a thick coating of an ossific or calcareous matter. On cutting into the substance of the brain, a distinct grit was felt under the knife, such as follows the cutting of a piece of dried sponge. The vessels at the base of the brain, and their ramifications throughout its substance, were completely covered with a calcareous deposit. This seemed to be confined to the outer layers of the arteries, the inner and lining membrane of these vessels being thickened and rugose.

On making a section of the cerebrum, through the centrum ovale majus, about the middle of the right hemisphere, a cicatrix was discovered, and the traces of the coagula, caused by the apoplectic extravasation eighteen months previous. About six lines below this was the sanguineous effusion which had occasioned her death. The substance of the brain was hard, of the consistence of putty, and when cut, its vessels produced the gritty sound I have before described. About the cicatrix of the old effusion the substance of the brain had become softened.

[*To be continued.*]

ANIMALCULES IN THE INTESTINAL CANAL.

MM. Gruby and Delafond read a paper at the Academie des Sciences, on the 11th of December, on certain animalcules existing in great numbers in the stomach and intestines of herbivorous and carnivorous animals during digestion.

These physiologists, whilst pursuing their researches on digestion, made the discovery of numerous animalcules which are born, live, and die, in the stomachs of ruminantia—of the dog and pig, and in the large intestines of the horse. These animalcules exist in such numbers, and their presence is so constant, that they may be supposed to be of some service in the act of digestion. The following are the conclusions which may be drawn from their communication.

1. That ruminantia have four species of living animalcules in their stomachs, during the period of digestion.

2. That the horse has seven species of living animalcules in the cœcum and dilated portion of the colon.

3. That the dog has two species of monads in the stomach.

4. The pig has only one species of animalcule in his stomach.

5. The animalcules of digestion are born, live, and swim in the acid liquid contained in the stomach.

The great number of these animalcules in the two first stomachs of ruminantia, the presence of their empty exuviæ in the third and fourth, and in the excremental matter, the considerable number of them in the cœcum and dilated colon of the horse, as also the existence of their empty exuviæ in the contracted colon and rectum, lead the authors to believe that the organic matter of these animalcules is digested in the stomach of ruminantia, and that it is absorbed in the contracted portion of the colon of the horse, and that, in both cases, it furnishes an animal matter for the purposes of digestion.

The conclusion to be drawn from these facts seems to be that, since in a state of nature herbivorous animals receive only vegetable matter into their stomachs, a fifth part at least is destined to give birth to a great quantity of animals of an inferior development, who, digested in their turn, furnish animal matter for the general nourishment of herbivorous animals. This conclusion seems the more reasonable, as in the dog and pig, which are fed on animal and vegetable substances; the animalcules are smaller, less numerous, and of only one or two species.—*Gaz. Médicale*, Dec. 16.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, December 29, 1843.

T. W. Houchen, T. Coulson, B. Baker, A. Gosden, B. Kemp, J. B. Bridick, J. H. Brown, E. Wadams, H. L. Hogg, T. T. Chadwick, H. J. Stokes, W. Crofton.

BOOKS RECEIVED.

A Practical Chart of Diseases of the Skin. By George Alfred Walker, Surgeon. London: Longmans, 1843.—[To those who are in the habit of referring to charts, in order to refresh their memories, or to obtain a succinct account of the leading facts connected with any subject, we can recommend the chart before us. It is exceedingly cheap, printed in a miraculously clear type, and when mounted and varnished forms an appropriate ornament to the walls of the pupil's room.]

A Retrospect of Practical Medicine and Surgery; being a Half-yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite, Surgeon to the Leeds General Eye and Ear Infirmary, &c. &c. Vol. VIII.; July—December, 1843. London: Simpkin, 1844.—[This volume appears to be well filled with the medical novelties of the last six months, collected from the journals, and contains besides copious extracts from many new books, including Dr. Pereira and Dr. Davidson on Diet, Dr. Wilson on Spasm, and Mr. Curling on the Testes, &c.]

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

Papers have been received from *Mr. Harrison, Mr. Whitcombe, Dr. Hennen,* and *Dr. Morris.*

We are compelled to postpone one or two over due communications till next week.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 172.] LONDON, SATURDAY, JANUARY 13, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

SOME OBSERVATIONS ON THE ORIGIN OF CATARRHS.

By J. Bower Harrison, M.R.C.S.L., &c.,
Surgeon to the Ardwick and Ancoats Dispensary.

[*For the Provincial Medical Journal.*]

In a changeable climate, like that of England, it might naturally be supposed that much of the attention of the profession would be drawn to the consideration of the influence of atmospheric causes on the body. It does not appear, however, that the great bulk of the profession are in possession of any precise information on the subject, not do we meet, in the majority of medical works, with more than vague and general allusions. On the other hand, in common *parlance*, we are in the habit of attributing all our ailments to changes in the weather, so that our ordinary salutations, for the most part, turn on this subject. The constant dread is wet and cold, and everything is attributed to this source. Even where the malady cannot be directly referred to this agency, the patient still entertains a lurking idea that the disorder ought to be ascribed to cold—"I suppose," says he, "I must have caught cold, though I took every precaution, and cannot tell how it was acquired." In a word, it is the dread of our lives, and, strange as it may appear, some people will shut themselves up for six or eight months in close, ill-ventilated rooms, or ride only in carriages with the windows carefully closed, lest they should *catch cold*. It deserves at least some consideration whether there be really the danger apprehended, or whether we do not, in point of fact, create the evil we are anxious to escape.

During the course of my reading I have met with several interesting passages relating to this subject, which I shall here present to the reader, with a few remarks of my own. The first is from the pen of a writer who was probably unequalled as an original thinker, and whose quaint, lively, and amusing style materially contributed to embellish his productions, and, if I may so say, to scatter flowers on the rugged paths of philosophy.

But before I proceed any further, I must here most distinctly state that I do *not* bring forward these quotations with a view to prove that wet and cold are not injurious. On the contrary, I believe them to be a very fertile and common cause of disease; I every day see the baneful effects of deficient clothing—of damp cellars, and injudicious exposures—and I feel persuaded that, in the severity of winter, many lives, especially in infancy and old age, fall direct sacrifices to the inclemency of the weather. But even whilst I make this assertion, I should still fear that I might be misunderstood if I did not further remind the reader that, in giving prominence to a particular view, we are of necessity called upon to exalt it from its due rank; in fact, we raise it from its position to point out its individual nature and character, nor do we discover its relative importance until it is again replaced and regarded from a remoter situation. My object is not to deprecate the importance of cold and wet as agents in the production of disease, but to call more general attention to another source of mischief, the effects of which are too often mistaken for those of cold, and which is perhaps more largely concerned in the production of what are called *colds*. I allude to the malaria generated in ill-ventilated rooms, by the crowding together of numbers of people. I do not profess to subscribe entirely to the quotations which I bring forward, but I think they serve as arguments to establish the conclusions which I have drawn.

In writing to Dr. Rush, July 14, 1773, Dr. Franklin observes, "I have long been satisfied, from observation, that besides the general colds, now termed *influenzas* (which may possibly spread by contagion, as well as by a particular quality of the air), people often catch cold from one another, when shut up together in close rooms, coaches, &c., and when sitting near and conversing so as to breathe in each other's transpiration, the disorder being in a certain state. * * * * * * From these causes," he continues, "but more from too full living, with too little exercise, proceed, in my opinion, most of the disorders which, for about 150 years past, the English have called colds." In writing to Dr. Percival, in October 15, 1773, he proceeds much in the same strain:—"We abound in inconsistency. Thus, though it is generally allowed that taking the air is a good thing, yet what caution against air! what stopping of crevices! what wrapping up in warm clothes! what stuffing of doors and windows, even in the midst of summer! Many London families go out once a-day to take the air, three or four persons in a coach, one perhaps sick; there go three or four miles, or as many turns in Hyde-park, with the glasses both up close, all breathing over and over again the same air they brought out of town with them in the coach, with the least possible change, and rendered worse and worse every moment. And this they call *taking the air*. From many years' observation on myself and others, I am persuaded we are on a wrong scent in supposing moist or cold air the causes of that disorder we call *a cold*. Some unknown quality in the air may, perhaps, produce colds, as in the influenza; but generally, I apprehend, they are the effect of too full living in proportion to our exercise."

In a paper which Dr. Franklin wrote on the Correction of Smoky Chimneys, and which, by the way, is a very sensible production, he incidentally observes, "that it is not the mere water contained in damp air, but the volatile particles of corrupted animal matter,

mixed with that water, which renders such air pernicious to those who breathe it. And I imagine it a cause of the same kind that renders the air in close rooms, where the perspirable matter is breathed over and over again by a number of assembled people, so hurtful to health. After being in such a situation, many find themselves affected by that febricula which the English alone call a cold, and, perhaps from the name, imagine that they caught the malady by going out of the room, when it was, in fact, by being in it."

In the very entertaining biography of Sir A. Cooper, lately published by his nephew, the following passage occurs:—

"Mr. Coleman maintained some rather original ideas with respect to the causes of the phenomena usually attending catarrh, or what is commonly called a cold. He believed that it much more frequently originated from residing in heated and crowded rooms, and therefore inhaling an impure atmosphere, than from exposure to cold, draughts of air, or the other causes to which the symptoms are ordinarily attributed. He used to illustrate this opinion by referring to the example of the horse when laboring under the same complaint. 'Why,' he used to say, 'who ever heard of a horse taking cold when turned out?—but, on the contrary, every one knows that if you put him into a close stable you will give him a cough directly.' The fact is also well known that after this has occurred, there is no remedy so certain as turning him out to grass, for his cough will leave him in six hours."

Dr. Franklin had evidently contemplated writing a paper on catarrh, and, in his correspondence with his philosophical friends, we find frequent allusion to his particular notions. Besides these incidental references to the subject, there are also to be found amongst his papers some memoranda made professedly with this intention. Although Dr. Franklin was not free from the peculiar errors on the physiological part of his subject which then prevailed, whatever comes from his pen must be interesting, and has that mark of originality which distinguished the mind of this truly eminent man. In his paper, Dr. F. enumerates, in his own characteristic style, "the difficulties that first put me on thinking on this subject. People get cold by less, and not by more, viz., by putting on a damp shirt on a dry body? Yes.—By putting on a dry shirt on a wet body, though this wets the shirt ten times more? No.—By sitting in a room where the floor has been newly washed? Yes.—By going into a river, and staying there an hour (no sheets so wet)? No.—By wetting the feet only? Yes.—By wetting all the clothes through to the body, and wearing them a whole day? No.—By sitting in a room against a crevice? Yes.—By sitting as long in the open air? No.—Few of these effects take place if the vessels are kept empty."

The whole of this paper is deserving the attention of the reader, and is as curious as it is interesting. The only regret that will be felt will be that the outline is not filled up. In places it cannot fail to remind us of the notes which the Spectator lost in the coffee-house, being intelligible only to the author. Two sentences run as follows:—

> "Germans, and all the northern people,
> Aldermen and turtle."

In a pamphlet on the Influence of Weather, written in 1819, by Dr. Foster, I find the following observation:—

"With respect to catching cold, I may observe, that either there must be some state of the body, previous to catarrh, which renders it particularly susceptible of a check to perspiration, or some state of atmosphere which has a tendency to excite catarrhal affections; for persons frequently take cold when they take most care, and when they least suspect it. I have been exposed to repeated checks of perspiration, to cold, and to fatigue; I have slept exposed all night to wind and snow, during journies in mountainous countries, without injury; but afterwards, when living higher in cities, notwithstanding care, have I become the subject of catarrhal complaints."

Dr. Heberden seems to have had an idea that catarrhs were not altogether attributable to the causes which are generally alleged.* In Sir Gilbert Blane's Medical Logic, in alluding to Dr. Heberden, he remarks, "A very eminent physician has argued that the opinion of this (cold, &c.) being dangerous, or even hurtful, is little better than a vulgar error."

Mr. Thackrah remarks, in his able treatise on the Effects of Arts, p. 129, "Whether we examine the agency of moisture on men in the open air, or those under cover, we find it much less than common opinion would expect. In this country almost all our maladies are ascribed to the agency of wet, or to 'taking cold.' Medical men adopt this notion. It is constantly heard in their expressions; it constantly appears in their writings. The people, of course, have gradually adopted the medical doctrine, and carry it even further than its founders. A reference, however, to the history of cases attributed to wet and cold, and an examination of the reasoning of the patients, are enough to expose the insufficiency of the evidence and the incorrectness of the inference. We might show, moreover, that persons most careful to avoid cold, protecting themselves with every variety of clothing, and shrinking at every change of weather, are not exempt from the evils which they fear. In fact, they are far more subject to catarrh, to pulmonary inflammation, and other disorders commonly attributed 'to cold,' than persons who habitually expose themselves." This is exemplified in the case of scourers of wool, dyers, fullers, brushers of cloth by steam, giggers, hatters, brewers, and paper-makers. In speaking of sudden changes of temperature, as not necessarily producing catarrhs, he observes, "Look at the fire-feeders, particularly those at a glass-house, men one moment exposed to a temperature of 130° or 150°, the next in the coldest air of winter, rendered still more piercing by strong artificial currents; at the bakers on the continent, who come out of the ovens almost naked into an atmosphere almost below zero; and reflect on the well-known fact of the Russian who, emerging from the hot bath, immediately rolls himself in the snow. How is it that these persons do not immediately fall victims to such transitions, or, in tea-table phraseology, 'catch their death of cold?' The inhabitants of this country are brought up from childhood in the fear of taking cold. It is the bugbear of our youth; it haunts us through

* Transactions of the College of Physicians, Vol. II., p. 521, 1772.

life." (p. 158, ibid.) Remarks to the same effect pervade Mr. Thackrah's very able treatise, but for further examples we would refer to the work itself.

Dr. Holland, in his Medical Notes and Reflections, has touched upon many subjects with great ability, as well as ingenuity. Amongst the rest, this has not escaped him:—

"The effects of perspiration suddenly checked by external cold, are the subject of general apprehension, and influence many of the details of medical practice. Though, in some instances, mischief may arise from this source, I believe the alarm to be unwarranted in degree, and many of the effects so attributed to be due to other causes, acting concurrently; such as exhaustion from fatigue, the perspired fluid left on the body, and the influence of cold itself in suddenly changing the balance of the circulation between external and internal parts. The latter effect may equally happen, independently of perspiration; and there is no ascertained reason why this, previously occurring, should alter or change its amount. The customs of some countries, and the necessary habits of particular avocations, show how suddenly these changes may be made without any injury, if other causes of mischief are excluded; and prove the uselessness, or wrong selection of many of the cautions current on the subject. This is a point on which just views are very desirable to the practitioner. It is, in every case, important that his judgment should be unfettered by common opinions, exaggerated or unproved; and though here, as in other instances, it may be well to concede sometimes, yet must he ever maintain the prerogative of applying his better knowledge when circumstances require it."—p. 468.

In his practical inferences, Dr. Holland makes an assertion which may be somewhat startling to common notions. "Almost may it be taken as a rule, that wherever there is a hot and dry skin, cold, in one degree or other, may safely and expediently be applied to change its state."—Ibid.

Dr. Currie is well known to have advocated the use of cold affusion in fevers—a doctrine which was, no doubt, very startling to the prejudiced opinions of his day. In the present age of cold water cures, it would have been a mere orthodox opinion.

Habit has, of course, a great influence in increasing the tolerance of cold and moisture. I shall not, however, stop now to inquire into its influence, because I admit the fact, and I know it to be generally admitted.

I may remark, by the way, that the popular ideas of *hardening the system* are, in many cases, injurious. We should, on no account, despise the use of sufficient clothing and exercise; and we may feel assured that we are always wrong in permitting a continued sense of chilliness. Delicate children and invalids are often sacrificed to wrong notions in this respect. We should, of course, seek to increase the *tolerance* of cold, before the cold is augmented; and this must be done by sufficient food and clothing, and exercise; and if these fail, it must not be attempted.

Again, a great deal is attributable to the state of the body, in producing the effects which are thought to be the *sole* results of external agents. The exercise of the body seems essential to the excretion and removal of effete matter. The late researches of Dr. Liebig have thrown great light upon many physiological inquiries; and amongst the rest, on the direct advantage of exercise.

Repletion.

Repletion has, perhaps, more influence in bringing about catarrhs and rheumatic affections, than may be suspected by those who see the causation of all diseases in cold and moisture. In a letter which Mr. Small addressed to Dr. Franklin, in 1771, he writes thus about the origin of catarrhs:—"A modern author, who ought to have understood this subject, for he has written so great a book about catarrhs, that you had better have twenty colds than read it, is of your opinion. "Illa, illa, inquam cibi, potusque abundantia citat catarrhos. Eosdem abigunt frugalitas et labor. Ut ex luxu et otio nascuntur catarrhi, ita horum medicina est in sobrietate, in continentia, in exercitationibus corporis, in mentis tranquillitate. In dies quisque vero hæc precepta has leges vivendi custodit? Homo frugi est rara avis. Hinc nemo mortalium fere est sine catarrhis." This was the celebrated Schneiderus. A passage from Celsus is also alluded to:—"Utilis etiam in omni tussi est perigrinatio, navigatio longa, lora maritima, natationes."

I think it may be concluded, from these remarks, that wet and cold are not to be considered as the only sources of catarrh. I think it may be inferred, that if the body be previously in good health, if the animal heat be kept up by exercise and sufficient clothing, and if there be a free change of air, there will not be so much danger as is imagined, even from sudden transitions of temperature. I believe the common opinion, as to the danger of rapid alternations of heat and cold, requires some modification. If the body be warm, provided the vital energy be not previously exhausted, it is in the best position to resist the influence of cold. It is not the suppression of perspiration which we have to dread, but the exhaustion which may accompany it. There is much confusion and misunderstanding in regard to this so-called suppressed perspiration; and even medical men use phrases which have little signification, or involve theories which they would scarcely be inclined to subscribe to, if they only heard them fairly stated. As to perfect suppression of perspiration, Dr. Edwards states it to be impossible; for, however cold and moist the air may be, that in immediate contact with the body becomes sufficiently warmed to enable it to take up more fluid from the surface of the skin; and if, on the other hand, the humid atmosphere be of equal temperature with that of the body, the true secretion of perspiration is augmented, though it be not evaporated.* Certainly many of the effects attributed to cold and moisture arise, in reality, from the crowding together of people in ill-ventilated rooms. That perspirable matter may generate noxious emanations does not seem difficult of belief. The spread of contagious diseases, in the atmosphere of sick rooms, shows the existence of baneful exhalations. Persons suffering from dysentery, hospital gangrene, puerperal fever, typhus, erysipelas, small pox, &c., when confined in close apartments, are capable of communicating the disease. The peculiar odor which accom-

* See his work on the Influence of Physical Agents on Life.

panies some of these disorders, also goes to establish the fact that they are extended by the effluvia from the body. But even the most healthy people, crowding in small apartments, generate disease, especially if there be the concomitants of heat and moisture. Dr. Franklin thought it ascribable to the putridity of the animal matter in the perspiration. Diseases are well known to be engendered in animals which are long confined in close apartments. When the glanders in the horse is not immediately propagated by contagion, it appears to arise from this cause. It would seem, from the facts adduced by Mr. Coleman, Dr. Ashburner, and Dr. Elliotson, that the glanders may be produced by shutting up horses in confined spaces for a long time. Now the glanders has many points of similarity to catarrh, though it is of a much more severe and fatal character. It is characterised by inflammation of the pituitary membrane, with chancrous sores, and an offensive discharge. The conjunctiva is implicated, the eyelids swelled, the respiration laborious, and the glands enlarged. The circumstances most favorable to the generation of malaria are heat and moisture; a cold moist air may, undoubtedly, be injurious; but it does not seem to operate in the production of malaria. Hufeland states that, in 1815 and 16, in the North of Germany, the seasons were remarkably wet, and the temperature low, and yet the public health was very good, even in the marshy districts.* A crowded room might be endured, if the air were dry and freely removed; but as the exhalations of the body are principally composed of water, and as the animal heat is freely radiated, it follows that heat and moisture must generally exist, even in crowded rooms which are not artificially warmed; heat and moisture favor the putrefactive process, and in this way they, no doubt, occasion disease. Simple water cannot, of course, undergo any decomposition; but it often contains a vegetable and animal matter. It seems curious that the mere contact of wood and water may exercise a deleterious influence on the air. That damp floors may extend or create various diseases appears to be borne out by a variety of facts; and, indeed, is supported by common observation. It seems to favor the spread of erysipelas and other complaints, or probably to generate them. The effects of damp floors in public hospitals, and on board ships, has attracted attention. Dr. Armstrong remarked that, in the French vessels, where it is customary to wash between decks, disease is much more common than in the English, where dry rubbing is used. In the Manchester Royal Infirmary, a system of dry rubbing is now adopted, and it is found that erysipelas is not nearly so prevalent as it formerly was.

"The crowded wards of hospitals, ships of war, and transports," says Dr. Copland (art. Infection, in Dict.), "generally continue healthy, as long as dryness and freshness of air are preserved. But as soon as these requisites to health are neglected, when the floors of the former, or the decks of the latter are frequently washed, so as to render the air moist, the emanations from the healthy, as well as from the sick, readily accumulate or acquire activity." As to the nature of malaria, there is, of course, great obscurity; but the learned author we have just quoted, supposes it to exist in "aqueous vapor holding in solution the subtile particles of decomposed animal and vegetable matter." It thus happens that, though it originates in heat and moisture, it may afterwards exist in lower temperatures, diffused through fogs and vapors. The dews in Africa, which descend in the night season, have been considered by travellers to be greatly injurious. In the late expedition under Captain Trotter, to find the source of the Niger, it was a point of consideration to avoid the "night air." The malaria which arises in the heat of the day is deposited with the dew; and all writers agree that, in the malarious district, the fogs are especially prejudicial. For the same reasons, epidemics follow hot seasons; but the consideration of this subject would lead us too far from the immediate object of our inquiry.

Much confirmation of the view that catarrhs may originate from a specific irritation, might be derived from the contemplation of that very singular disease called the hay asthma, and which Dr. Bostock, who, I believe, was the first to describe it, called the catarrhus æstivus. There is a very amusing description of this extraordinary affection in the lectures which Dr. Elliotson delivered at University College. I am myself acquainted with a gentleman who is the subject of this curious and interesting malady. After all, I would not undertake to say that catarrhs are never produced by the simple agency of cold and moisture; I believe we are not yet in full possession of the exact combination of circumstances to which they owe their origin, and the common doctrines are evidently exaggerated or erroneous. If we are careful to maintain the animal heat by plenty of warm clothing, and by proper exercise, and allow ourselves to be guided, to a certain extent, by our sensations, we need not fear wet and moisture, nor dread the vicissitudes of temperature. On the other hand, it would appear that catarrhs and other febrile diseases may arise from animal exhalations diffused through a warm and humid atmosphere, probably in a state of putrefaction. It is well, therefore, to avoid crowded and ill-ventilated rooms, or small apartments which do not admit of a free change of air. In many instances, the evil effects of such places are greatly increased by sedentary habits and repletion of the system.

* Copland's Dict, Art Epidemics.

PRESENCE OF HYDROCYANIC ACID IN THE SPIRITUS ÆTHERIS NITRICI OF COMMERCE.

Mr. W. Bastick stated, at a recent meeting of the Pharmaceutical Society, that he had detected one-fifth of a grain of anhydrous hydrocyanic acid in one hundred grains of nitric æther, prepared on the continent, after a peculiar process recommended by Liebig, which consists in adding a little starch or sugar to the ingredients employed in its manufacture. Mr. Redwood said that a similar contamination was liable to occur in nitric æther prepared from the residual liquor, consisting chiefly of alcohol and nitric acid, obtained from manufacturers of fulminating mercury.—*Pharm. Journ.*, Dec. 1843.

OBSERVATIONS
ON THE
CONTAGIOUSNESS OF PUERPERAL FEVER,
AND ITS CONNECTION WITH ERYSIPELAS.

By Francis Elkington, Esq., Birmingham.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The perusal of Mr. Storrs's interesting paper on the contagious character of puerperal fever, published in your Journal of December 2, which I had not seen till to-day, has induced me to forward you the following facts corroborative of his views:—

The mass of evidence which he has brought forward in support of his opinion, is so conclusive, that it may appear unnecessary to trouble you or your readers again on the subject; but as it may be gratifying to Mrs. S.'s mind to have his views still more extensively supported and confirmed, and as there may remain doubts in the minds of some medical men respecting the doctrine promulgated by Mr. S., a further report on a subject of such deep interest, may be useful. It is right to observe that Dr. Ingleby, who visited most of the cases with me, published a paper in the "Edinburgh Journal" soon after they occurred, in which he mentioned the leading facts.

I remain, Gentlemen,
Your obedient servant,
Francis Elkington.

Birmingham, Jan. 4, 1844.

My attention was first directed to puerperal fever as an epidemic, in 1833. Previous to that period, I had seen only isolated cases; and those of a different type to such as came under my care in 1833, and three different periods since. Perhaps I may be be excused, in the first place, stating my belief that there are three forms of puerperal fever; first, that which is accompanied by acute inflammation of the peritoneum, the uterus, or its appendages; secondly, the erysipelatous form; and thirdly, a mixed form—all requiring a modification of treatment.

The erysipelatous, or that form which appears, in some way or other, to be connected with erysipelas, will seldom bear general depletion or active antiphlogistic treatment. This form I consider to be decidedly contagious.

Aug. 28th, 1833. After visiting a bad case of erysipelas, at the edge of the town, and making free incisions through the diseased part, I attended Mrs. J., living in the centre of the town, who, after a favorable labor, was confined of her second child. She was doing well until the evening of the third day, Aug. 31, when she was attacked with fever, and died Sept. 3.

Aug. 28. I attended Mrs. C. of her first child; and went directly from attending Mrs. J. Mrs. C. had a severe labor, followed by flooding; and was feverish and poorly from the first day. She was taken worse on the 30th, and died Sept. 4.

Sept. 3. I attended Mrs. Edwards of her third child. She had a favorable labor, and went on well till the 5th. She was then attacked with fever, and died on the 9th.

Sept. 5. I examined the body of Mrs. C., the second patient, assisted by my brother. As we were leaving the house, we received each a message to attend a labor. Mrs. White, my brother's patient, was attacked on the 8th, and died on the 11th.

Mrs. Curnin, the person I attended, was also attacked on the 8th, but recovered.

The first four patients were bled; Mrs. Curnin was not. From Aug 28, to Sept. 11, I attended several other labors, but those patients escaped the fever. I was in the habit of changing my dress before I went to a labor; but as that did not have the effect of preventing the disease, I left home for a fortnight; and on my return, although I attended labors as usual, had no case of fever. With reference to the contagious character of the disease, I would here mention that my friend Mr. Nason, of Nuneaton, who was visiting me, saw the two first patients in the evening, as he was leaving town. He was called to a labor in the night; his patient had the disease, and, I believe, died. Mr. J., the husband of the first lady, had severe sore throat. A young lady who nursed her had a slight feverish attack. The person who nursed Mrs. C., the second patient, went home ill with erysipelas of the arm, and afterwards died. The sister of Mrs. E., the third patient, had erysipelas of the face, but did well.

In June, 1835, I attended Mr. Perry for erysipelas of the arm, after bleeding. It was necessary to make free incisions, which were followed by sloughing to a considerable extent; but after a very long illness he recovered. During the whole of my attendance upon him, I invariably changed my dress, and sponged the surface of my body before I went to a labor, with one unfortunate exception. On my return from visiting him, one night, I was met on the road by a messenger, who requested me immediately to visit a lady who was dangerously ill, but not supposed to be in labor. I went direct to the house, without changing my dress; and, to my very great annoyance, found that she had alarming flooding from placenta presentation, at the end of the eighth month. I was obliged to turn and deliver without loss of time. She was confined June 15th, the next day was comfortable, was attacked with fever on the 17th, and died on the 20th.

Mr. Perry, some time after he had recovered, left his house, and it was shut up for some months. In April, 1839, I attended Mrs. Stumps, who was then living in Mr. P.'s house. She had a very quick labor; about the third day became feverish, and continued in a doubtful state for eight or ten days, but gradually recovered. Her husband had sore throat, and likewise her daughter. The baby had a severe attack of erysipelas of the penis and one hand, followed by suppuration and sloughing, but recovered.

The house, from the time of Mr. P.'s illness to the confinement of Mrs. S., had not undergone any particular cleaning or whitewashing.

Since 1839 I have had two other cases of puerperal fever associated with erysipelas; but, by refusing to attend labors during my attendance on those cases, have avoided communicating it to others.

As my object has been only to communicate facts bearing on the question of contagion, I have purposely avoided detail of symptoms and treatment; but may here remark that the plan of treatment which has

answered best (in the erysipelatous form) in my practice has been hot, dry applications to the belly and extremities, and large doses of calomel, opium, and tartar emetic.

CASE IN WHICH THE URACHUS REMAINED PERVIOUS AFTER BIRTH.

By T. H. Starr, M.D., Kettering.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The irregular construction of parts or organs of the body, which now and then present themselves, must invariably prove matter of interest to the physiological inquirer; but when the anomaly is extremely rare, it becomes worthy of record, as adding another remarkable fact to the curiosities of medical experience. The narrative of the case which I proceed to communicate will occupy but a small space in your widely-circulated Journal. The obstetric reader cannot but regard it as a singular vagary in his especial province of nature's handywork; whilst the comparative anatomist will trace in it the more ample development of a rudiment of organisation occurring, as it were, by accident to an individual of the human species, but which seems essential to the regular constitution of other animals in utero.

A few weeks since a poor woman, named Carles, brought a female child to me for advice, aged thirteen weeks. From the period of its birth the urine had escaped at the umbilicus, the urethra being at the same time perfect. The excretion passed freely through the natural channel, and probably simultaneously with its evacuation at the navel, since the flow of it from the latter situation was by no means continued, but took place at intervals, as if it were controlled by the detrusive action of the bladder, and other muscles associated therewith. The general appearance of the umbilicus was larger and more open than usual; and in the centre of the cartilaginous nipple-like projection I perceived an orifice which admitted an ordinary sized probe; this was easily passed in the direction of the linea alba towards the bladder.

It was clear to me, from a consideration of all the circumstances, that the common ligamentous band passing from the fundus of the bladder upwards to the umbilical cord, and known as the urachus, had assumed and retained, subsequently to birth, the form of a duct, and this duct opened into the bladder. In many quadrupeds a communication resembling that which I have described always exists up to a certain time; but, to use a quotation from that distinguished anatomist M. H. Cloquet, "In man it (the urachus) never forms a canal, excepting in cases where the urethra is wanting."

I think it more than probable, during the fœtal life of this child, that a conformation of parts existed strictly identical with the allantois of other animals, and performing the same function, obscure as that function is generally admitted to be. Previously to my seeing the case, pressure in a variety of shapes had been resorted to without benefit. I, therefore, recommended the mother of the child to take it to the County Infirmary, in order that the opening might be closed by suture or other surgical means. It was treated by a simple suture, then dressed with a pledget of lint confined with adhesive plaster. The case was no longer under my inspection, but I understood the escape of urine was arrested completely for a fortnight, when it again found vent at the navel. A more effective union might be secured by means, I should say, of a small incision, the edges of which might be kept in apposition by suture or plaster conjoined with suitable pressure afterwards.

I remain, Gentlemen,
Yours obediently,
T. H. Starr, M.D.

Kettering, Northamptonshire, Jan. 6, 1844.

OBSERVATIONS IN DEFENCE OF DR. SHEARMAN'S TREATMENT OF ASPHYXIA FROM HANGING.

By Jonathan Toogood, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—My attention has been drawn to a very interesting case of Asphyxia from Hanging, lately published in the Journal, by Dr. Shearman. The recovery of the patient from the immediate effects of the suffocation satisfactorily proves the judicious treatment which was adopted; and I confess that I was much surprised to find the propriety of the practice which was pursued questioned, but still more at the extraordinary and most reprehensible conduct of the coroner. I am fully aware that coroners, in the arbitrary exercise of their office, frequently refuse an investigation into the cause of death when absolutely necessary, and that most absurd and improper verdicts are returned, often not in accordance with the evidence, and in direct contradiction to the facts which an examination would have developed. Of this I have given some examples in a former number of the Journal, which were copied into the "Lancet," and the "Times" of the 26th of January, 1841. But this is not at all extraordinary, when it is remembered that this important office is too often held by low, ignorant men, who are totally unfitted for it by their education or acquirements, and seek it to supply the deficiency of income which the failure of their original occupation, either from want of ability or industry, has occasioned.

Of course I do not intend to apply these observations to the functionary on whose conduct I have been commenting; I know nothing of him or of his qualifications, but in this case his course of proceeding seems to have been most uncalled for and improper. He not only refuses a necessary investigation, but slanders the reputation of a practitioner, whose relation of the case must convince every intelligent reader of the soundness of his judgment and propriety of his practice. He who, sitting as judge, was bound to confine himself to the evidence, listens to the gossip of a practitioner, who is neither a witness or before the court, so as to be subject to cross-examination, and, upon the authority of that gossip, impugns the practice of a medical witness, thereby giving currency to reports highly injurious to his character. If such

a case had occurred to me, I should have endeavoured to vindicate myself by an action for slander against the coroner, if such a course had been open to me, as I have no doubt it would.

The cause of death in this case was, in all probability, secondary asphyxia, examples of which are not uncommon. I have seen several, one of which was published in the Journal for the 24th of February, 1843. The coroner and his friend, "the eminent practitioner," who gave him such valuable information, would do well to read Dr. Marshall Hall's Gulstonian Lectures for 1843, where they may find, under "Secondary Asphyxia," the following observations:—

"There is another interesting view of this important subject. The danger is not altogether over when the patient appears to be restored from the state of asphyxia. The respiration and the other functions may proceed nearly naturally for some time—for some hours even—and suddenly convulsions may seize the patient, and death may ensue.

"The blood apparently remains poisoned. Time, as in so many other cases, is an important element in the perfect restoration to health.

"A soldier was taken out of the Thames in a state of asphyxia; animation was restored, but, many hours afterwards, he was seized with convulsions and expired," &c. &c.

At page 74, a case is related of a girl who had thrown herself into a pond, and was recovered from the immediate effect of suffocation, but who died on the following morning of secondary asphyxia.

I am, Gentlemen,
Your obedient servant,
JONATHAN TOOGOOD.

Bridgwater, Jan. 5, 1844.

CASE
OF
INDUCTION OF PREMATURE LABOR.

By J. V. HERRIOT, M.D., of Cannonsburg, Washington Co., Penn.

Mrs. A., thirty-five years of age, good constitution, short, compact, bony frame, pelvis natural figure, but (judging by the finger), under the ordinary size in all its diameters, with a copious development of adipose tissue—has had four living children without the aid of instruments of any kind; her labors, however, she says were very severe. Since these she has had three still-born. In the first of these cases I attended her—a vertex presentation, with prolapsus of the umbilical cord (the cause of its death); a severe and protracted labor. In the second case vertex presentation, prolapsus of the cord; the labor protracted and severe, and the head having engaged but partially in the superior strait, her delivery was completed by the application of the forceps. In the third another physician attended her, and, as I am informed, her labor continued with violence for fifteen or sixteen hours, and the head not having engaged in the superior strait, the perforator was resorted to, and her delivery thus accomplished. These means became necessary in consequence of the size of the fœtuses, each one being of increased magnitude. Some ten or twelve months after this, she became pregnant again, and was very anxious about her own and her infant's safety. At this period I recommended to her Dr. Holcombe's method for diminishing the size of the fœtus, which to her was not very acceptable. Having seen her husband on the 4th ult., I prescribed best olive oil, a wineglassful two or three times per day—pro re nata—and promised to visit her as soon as convenient. Accordingly, on the 9th I visited her, and found her much agitated on the subject of my call. I then proposed to her the induction of premature labor between the seventh and eighth month of gestation; setting forth to her the prospect of alleviating her sufferings, and saving the life of her infant—her own dangers also were not forgotten. She had the matter in solemn and serious consideration, till the 5th inst., when I visited her again, and she accepted the proposition I had made. Feeling that a greater degree of responsibility rested on me in this, than in an ordinary case, I requested that another respectable physician might be present on the occasion. Accordingly, my respected friend, Dr. D. S. Stephenson, of this place, on the 8th inst., accompanied me to her residence, some five or six miles distant; and in the evening, between the hours of six and seven o'clock, my friend and self having made an examination, per vaginam, found the parts disposed to harmonise in the undertaking—the mucous surfaces lubricated with mucus, and the os tincæ soft and disposed to dilate. We then ruptured the membranes by introducing a female catheter through the os tincæ, and puncturing them with a wire—my friend having first given his assent to the propriety of the operation.

At the instant a portion of the liquor amnii escaped, and continued to discharge at intervals for several hours—contractions of the uterus were experienced shortly after the operation, but so slight, that during Thursday and Friday nights she enjoyed several hours refreshing sleep. Saturday morning, five o'clock, she awoke with pain, which continued regularly, with increasing strength and frequency. Nine o'clock, the os uteri was dilated, so as to admit the point of the fore and its fellow finger. At this period the presentation could not be satisfactorily ascertained. But, after the lapse of two or three hours, it was recognised to be a breech, with the right hip to the left acetabulum, and the left hip to the right sacro-iliac symphisis. At the next examination, the left elbow was discovered in connection with the left hip—which being pressed back in the absence of pain, the breech came down and occupied the superior strait exclusively. This intruder, however, made its appearance frequently in the course of the labor, and was somewhat troublesome; requiring strict attention to keep it above the brim of the pelvis. At this period, to my mind, and that of my friend, the prospect for the life of the child was gloomy; but after the breech fairly engaged in the pelvis, the pains became brisk and efficient, so that by five o'clock in the evening she was delivered of a living vigorous female infant, which from its appearance (we presume) would have more than equalled in magnitude any of its predecessors—after a gestation of seven months and seven days. We take her own reckoning, which, she says, she knows is accurate. It is scarcely necessary to remark that, had this been a vertex presentation, the labor would have been comparatively easy, and of much shorter duration. But from what we know of this woman's

former labors—the size of her children—her contracted pelvis and diminished strength, had she been permitted to go the full term of utero-gestation, her delivery would have been a solemn and serious task. But as the method adopted in this case has fulfilled the most sanguine expectations of my friend and self, we are truly gratified—and the husband and wife, friends and relatives, are all thankful that Divine Providence has smiled upon the means used to alleviate the mother's sufferings, and save the life of her infant; both of whom are doing well.—*Amer. Journ. Med. Sci.*, October, 1843.

INDUCTION OF PREMATURE LABOR,

WITHOUT RUPTURE OF THE MEMBRANES.

Dr. Henry G. Clark reported to the Boston Society for Medical Improvement, Nov. 28, 1842, the following interesting case of induction of premature labor:—

Mrs. S. aged thirty, from St. John, N. B., consulted me in May last; she was pregnant with her sixth child, and had always great difficulty in labor, only one of the five having been born alive, and that at seven months, a female, now living, and ten years of age.

I had myself attended in her fourth confinement in 1837. I then found her to have a pelvis contracted in its conjugate diameter to less than three inches, by the projection of the promontory of the sacrum. She is short, of awkward figure, and has also lateral curvature of the spine. It became necessary to resort to perforation of the head at that time, delivery being otherwise impossible.

At her last confinement, two and a half years since, she went to her native town, where, she informs me, it was thought proper by her attendants there, after three days sickness, to have recourse to the same measures. She did not recover from this for some months.

It seemed to me that this was a proper case for the induction of premature labor. I, therefore, proposed it to her as the safest course for herself—as the only one for the child. She readily consented to submit to this or any other procedure which might be deemed necessary.

Nov. 22. Dr. Townsend saw her this day in consultation, and confirmed my opinion.

I proposed to myself the following method:—viz, first, to remove the viscid mucus which is found about the cervix uteri, and to dilate and irritate the parts moderately by the fingers, at certain intervals, until some effect should be produced. In addition, if this should not be sufficient to bring on the first stage of labor, to use the ointment of belladonna; and, secondly, as soon as this should be accomplished, to exhibit, at regular periods, small doses of ergot to *excite* natural uterine action.

The last menstrual period was passed March 25, so that she had now progressed nearly eight months.

This morning, ordered a brisk cathartic. In the evening I called again and made an examination. The finger was insinuated into the os uteri, and the secretions thoroughly removed. Considerable pain was excited by this operation, which continued at intervals for an hour, and then ceased.

Nov. 23. Nine, a.m.—Patient slept well all night, and has no pain to-day. Upon examination, the os uteri was found to be more relaxed than last night, and readily admitted two fingers to be passed to the membranes. They were retained there, and the dilatation persevered in for fifteen or twenty minutes. By this manipulation two or three slight but distinct propulsive pains were produced. Pain continued after this more or less for three hours, but with no further bearing down.

Ten, p.m.—Os uteri more dilatable, and accompanied with some shortening of the cervix; membranes easily felt, and, by the ballottement, what I suppose to be the head of the child.

The dilatation now seemed to be sufficient to warrant the exhibition of the ergot; ten grains were accordingly given in decoction.

24. Patient reports violent pains in the back, loins, and hips all night; none in abdomen. These pains have now abated, and she is quite easy. Dilatation increased a little. Directed her to rest until two o'clock, and then to take five grains of ergot, and to repeat the same dose at five, p.m. Regular propulsive pains came on at six o'clock, and continued until the labor was safely accomplished at one, a.m. The infant was a lively boy, weighing six and a half pounds. The waters were not discharged until a little after midnight. The head, notwithstanding its small size, and in spite of remarkably strong pains, was firmly lodged in the narrowed upper strait for an hour and a half after the os uteri was well dilated, and showed marks of severe treatment during its passage. It was not at all ergotised.

Dec. Mother and child well.

In this case I believe either of the methods usually practised would have been unsuccessful. If the membranes had been ruptured at first, the head would have fallen into its upper strait, and the child would have fallen a victim to its fatal compression there.

If ergot alone had been given, either the object would not have been accomplished, or some grievous injury might have been inflicted on the mother. It is a very good rule in natural labor "not to give ergot until the os uteri is well dilated." How much more should it be observed in these cases where *no* effort of nature has been made, and where labor has not even commenced?

At any rate, the method adopted in this instance seemed to produce results nearly allied to those produced by Nature herself, in carrying forward the same operation at the full period.—*New England Quarterly Journal of Medicine and Surgery*, April, 1843.

THE BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In the number of your Journal for May 13, I ventured to call the attention of the profession to the Benevolent Fund of our Association; and suggested that from and after January 1844, each member's subscription should be one pound five shillings, four shillings of which to be appropriated to the Benevolent Fund. I fear Dr. Conolly (in his letter

of May 27) misinterpreted part of my letter, for he says, "I would here remark that it is *purely* a benevolent fund, not a *benefit* society." I did not contemplate forming a *benefit* society; my wish was to impress on the minds of others the value of such a fund, and how consolatory to every mind must be the reflection, that should sickness or distress overtake him, or his family, there existed a fund (the interests of which he had, whilst in prosperity, done all in his power to promote), to which he might properly apply for succour, and to which he might be considered as having a just claim.

Preferring deeds to words, I have added four shillings to my annual subscription, and call upon every member of the Association to do likewise.

I am, Gentlemen,

Your obedient servant,

JOHN LEE, M.D.

Market Bosworth, Jan. 10, 1844.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JANUARY 13, 1844.

We purpose this week to resume our consideration of Mr. Chadwick's Report on Interment in Towns. In our last Number we dwelt on the evils arising from the diffusion of noxious gases from the places where the dead are buried. But that is not the only way in which the dead may be injurious to the living; for if the putrefactive effluvia are dangerous when slowly rising through the earth, and freely diluted with atmospheric air, what must they be when evolved in a small, unventilated apartment, occupied by a whole family?

It is well known that four out of five families, amongst the lower orders in towns, inhabit one room only, which serves for every purpose of life—for eating, drinking, sleeping, and sometimes for a work-room, or shop besides. These, too, are the class of persons with whom interments are generally delayed the longest, sometimes from a difficulty in raising the necessary funds, sometimes because the Sunday is the only day on which the relatives of the deceased are at liberty to attend the funeral. Hence the corpse remains in a warm, crowded room, for five, eight, or perhaps even twelve days, under every circumstance which can possibly render it most offensive and dangerous. On the one hand, the miasmata—especially in cases of death from contagious disease—are infinitely the most dangerous during the first few days after death; and on the other, the survivors, exhausted, as they most likely are, bodily by watching and privation, mentally by anxiety and grief, are under the circumstances which, as is well known, most greatly increase the danger of contagion.

Hence, we cannot be surprised to find Mr. Chadwick's pages literally teeming with instances of persons destroyed by this Mezentian practice:—

> ——— "et sanie, taboque fluentes,
> Complexu in misero, longâ sic morte peribant."

Mr. Leonard, parish surgeon of St. Martin's-in-the-Fields, says:—

"On the 9th of March, 1840, M—— was taken to the Fever Hospital. He died there, and the body was brought back to his own room. On the 12th his step-son was taken ill. He was removed immediately to the Fever Hospital. On the 18th, the barber who shaved the corpse was taken ill, and died in the Fever Hospital, and on the 27th another step-son was taken ill, and removed also.

"On the 18th of December, 1840, J—— and her infant were brought, ill with fever, to her father's room in Eagle-court, which was ten feet square, with a small window of four panes; the infant soon died. On the 15th of January, 1841, the grandmother was taken ill; upon the 2nd of February the grandfather also. There was but one bedstead in the room. They resisted every offer to remove them, and there was no power to compel removal. The corpse of the grandmother lay beside her husband upon the same bed, and it was only when he became delirious, and incapable of resistance, that I ordered the removal of the body to the dead-house, and of himself to the Fever Hospital. He died there; but the evil did not stop here: two children, who followed their father's body to the grave, were, the one within a week, and the other within ten days, also victims to the same disease. In short, five out of six died."

Instances like these are related by parish surgeons from every part of the metropolis.

But even supposing that there were no danger to health or life, is it not right that some means should be taken to prevent the occurrence of such sickening scenes as the following? Mr. Wyld, an undertaker, tells Mr. Chadwick,—

"In cases of rapid decomposition, of persons dying in full habit, there is much liquid, and the coffin is tapped to let it out. I have known them to keep the corpse after the body has been tapped twice, which has, of course, produced a disagreeable effluvium. This liquid generates animal life very rapidly, and within six hours after a coffin has been tapped, if the liquid escapes, maggots, or a sort of animalculæ, are seen crawling about. I have frequently seen them crawling about the floor of a room inhabited by the laboring classes, and about the tressels on which the tapped coffin is sustained. In such rooms the children are frequently left while the widow is out making arrangements connected with the funeral; and the widow herself lives there with the children. I frequently find them altogether, in a small room with a large fire."

The Rev. Evan James, curate of St. Dunstan's, Stepney, says, in his evidence before the committee of the House of Commons,—

"I recollect on one occasion, when the corpse was brought into the church between the services on a Sunday, no language can describe the scene I wit-

nessed; the undertaker's men all covered with that which ran from the coffin, and such a scene in the middle aisle of the church! It was enough to poison a person, and I was obliged to send for chloride of lime, to disinfect the church, to enable people to come to afternoon service, which they could not have done unless I had taken that precaution."

We can well imagine the shudder which passes over our readers as they peruse these disgusting details. But the stern fact is, that this, which is a loathsome tale to read, is a daily reality; it may, under existing regulations, actually take place in 20,000 instances in the metropolis every year; and if feelings of delicacy alone are consulted, and such horrors are concealed, so the case will remain. Let them be known, and somebody may perhaps be moved to find a remedy.

But the ill consequences of the prolonged retention of the dead amongst the living are not merely physical; the very affections are blunted, and the instincts of humanity brutalised. "The mental effects," says Mr. Chadwick, "on the elder children or members of the family of the retention of the body in the living room, day after day, and during meal times, until familiarity is induced—retained as the body commonly is during all this time in the *sordes* of disease—the progress of change and decomposition disfiguring the remains, and adding disgust to familiarity—is allowed to be of the most demoralising tendency." These help, amongst other elements of depravity, to account for the savage brutality, and indifference to life which characterise unhappily so large a proportion of our laboring population. "Disrespect for the human form under suffering," continues Mr. Chadwick, "indifference or carelessness at death, is rarely found amongst the uneducated, unconnected with a callousness to other's pain and a recklessness about life itself." So, that which might, under proper management, be made to teach a lesson of virtue and morality, serves only to render the heart callous to that "wholesome fear of death which is the last hold upon a hardened conscience."

Since our readers—till a better order of things is established—may occasionally meet with instances in which it is highly desirable for the interment of a corpse to take place without delay, but in which they cannot persuade the relatives to do it, and have no power to compel them, it may be as well to notice the easiest methods of preventing the escape of effluvia. For this purpose the body may be wrapped in a piece of coarse sacking, smeared with tar; or, as Mr. Dyce Guthrie, a Scotch surgeon, tells Mr. Chadwick, "coffins may be rendered perfectly impervious to the escape of any morbific matter, at an expense not exceeding 1s. 6d. to 2s. each, by coating the interior over with a cement composed of lime, sand, and oil, which soon sets, and becomes almost as hard and resisting as stone. Pitch applied hot would answer the same purpose, but is more expensive." In the cases of such rapid decomposition as bursts leaden coffins, or renders tapping necessary, he recommends the application, at a few shillings expense, of safety tubes to the foot of the coffin, so as to carry away the mephitic matter into a flue, or a current created by a chauffer. Mr. Baker, of Leeds, suggests that, in cases where it may be desirable, for family reasons, to keep the body, it may be placed in—

"A deal shell, and this shell be placed within the coffin, between which and the shell are affixed at the sides and bottom, a few pieces of circular wood, about the thickness of two crown-pieces, here and there, to keep the shell and coffin apart, forming a considerable interstice, which is filled with boiling pitch. The lid of the shell is then laid on, having a glass over the face, and over this is poured more pitch, till the shell is incased in a pitch coffin between the wooden ones. The cost of this process is about 9s. 6d."

The next point which Mr. Chadwick notices is the subject of *funeral expenses*, and their effects on the living. They are, as we observed above, one of the most frequent causes of the long retention of the dead before burial, and are often a cause of great misery and privation to the middling and poorer classes; and, as they involve a great many questions respecting the arrangements to be adopted for the public regulation of funerals, they require, and have received at Mr. Chadwick's hands, a very complete and careful exposition.

We need not say that, among the upper and middle classes, funeral expenses are generally most extortionate and extravagant, the prices being raised by every species of jobbing and bribery; servants are bribed, and low practitioners of medicine, too, not unfrequently sell their recommendation; and the undertakers' men are most debauched, irreverent vagabonds, to whose coarse hands, nevertheless, the important office of enshrouding the corpse and preparing it for burial is committed.

With respect to the lower orders, they have, as Mr. Chadwick rightly observes, an universal wish for the decent interment of themselves and their relatives. "Subscriptions may [be obtained for large classes of them for burial, when it can be obtained neither for their own relief in sickness, nor for the education of their children, nor for any other object." It appears probable that, from six to eight out of the twenty-four millions deposited in the savings' banks of the United Kingdom, have been hoarded for this object. Many paupers who have apparently dissipated all their substance, have yet reserved and concealed a small fund for this purpose; it forms, too, one great object of benefit societies, and it has occasioned the institution of a vast number of *burial clubs*, the arrangements of which, as Mr. Chadwick observes,

are evidence alike of the intensity of feeling which poor people have on the subject of interment, and of their extreme ignorance and need of trustworthy guidance.

On the subject of these clubs, we trust that our readers (many of whom are the only friendly counsellors of the lower orders) will not think it irrelevant if we offer a few of those observations which Mr. Chadwick has abundantly furnished.

They are generally got up by a publican and an undertaker. The meetings are held at the house of the former; the latter provides the funerals. One is generally president and treasurer, the other secretary; and their monopoly of the honors and emoluments of the society is secured by pretty stringent and arbitrary rules. It requires no trouble to demonstrate the bad consequences of this system. A certain sum is allowed for the committee to drink; the members who come to pay their weekly subscription drink also; drinking is an infallible item of allowance at the funeral; and thus not only drunkenness is promoted, but good feeling is annihilated amongst the members, who regard a funeral as a legitimate opportunity for carousing. The rates of payment, moreover, are excessive; thus, in the Preston Society,

"Where an annual premium of 3s. 9d. would be taken for one risk by an assurance office, 7s. 10d. is taken from the contributors to the club. The General Friendly Society, for a risk for which 3s. 9d. would suffice on the Northampton Table, receives 11s. 5d.

So that, allowing 25 per cent. for expenses and losses, the poor man pays at least one-third more than he ought to do, not to mention the unfair plan of charging the same rate to every member, of whatever age. The undertaker, too, has an interest in admitting bad lives, which bring him quick funerals, and, in consequence, the club is often broken up by the younger and healthier members, who, perceiving that they are subjected to disproportionate charges, divide the funds equally between the members, and thus deprive the older contributors of the fruits of long continued œconomy.

Vicious as these clubs are in their organisation, it cannot be wondered at that they are subject to frequent frauds, or that heinous crimes have been perpetrated for this purpose. The clubs being insecure, persons are led to make multiplied insurances for themselves and their children. The funeral of a child costs 20s. or 30s., but the club allows perhaps from £3 to £5; hence a death is a source of profit. Hence it is notorious that children have been poisoned with arsenic, one after another, for the sake of the surplus allowance from the club, not to mention the daily occurring instances of children allowed to pine and die quietly from want of proper nourishment. "Aye, aye, that child will not live, it is in the burial club," is a common phrase amongst the lower orders near Manchester.

As for the frauds committed on these societies, a woman with one healthy child and one sickly one, enters the healthy one in the name of the other. "A man entered his wife, and she lay dying at the same time. When asked where his wife was, he pointed to a woman that was sitting by the fireside, and said that was she; but the wife died before she became a member." The following case is ludicrous enough:—

"A man and his wife agreed that one of them, namely, the husband, should pretend to be dead, in order that the wife might receive his funeral money. Accordingly, the wife proceeds in due form to give notice of his death; the visiting officer on behalf of the society, whose duty it was to see the corpse, repairs to the house, enters the chamber, and inquires for the deceased; the should-be disconsolate widow points to the body of her late husband, whose chin was tied up with a handkerchief in the attitude of death. He surveys the corpse; the eyelids seem to move; he feels the pulse; the certain signs of life are there;"

In fact, after much squabbling, the deceased is resuscitated with a basin of cold water; he is apprehended, and brought before the magistrates on a charge of fraud, and is produced in court in the same dress in which he had been laid out as dead,—*pour encourager les antres.*

To return, however, to the general subject of funeral expenses. Mr. Chadwick has calculated that the amount expended annually on funerals in England and Wales is at least between four and five millions. In the metropolis, at the very lowest estimate, it is between six and seven hundred thousand pounds, but, much more probably, nearer a million; and he shows clearly enough that, according to the present system of town interment, all this wasteful expenditure ensures neither the respect due to the dead, nor the impressions that ought to be produced on the living, nor the solemn performance of the rites of religion. He proves also that "all the solemnity of sepulture may be increased, and solemnity be given where none is now obtained, concurrently with a great reduction of expense to all classes." He proves that full 50 per cent. may be saved, and a far greater effect be produced for the money.

In proceeding to consider the means of preventing the present delay of funerals, Mr. Chadwick very properly objects to any arbitrary enactment, such as formed part of the proposed bill of 1842, forbidding all delay of interment beyond a certain number of hours, under fines and penalties. Such enactments would be of little real force, whilst, without very stringent precaution, the mischiefs which might be produced—we may almost say the murders that might be committed—may be estimated from the numerous instances that have actually occurred of persons in-

terred before death, in various continental states where such enactments have been passed. We know very well how strongly the fear of this horrid occurrence is impressed on the public mind; and really, small as the chance of it may be, there are yet instances enough of it occurring from time to time in our own day, to render imperative some respect for people's fears on this account, and all reasonable precaution to prevent it. Well-authenticated cases of live persons laid out as dead must be in the possession of almost every practitioner in this country; and in countries where interment is earlier, there are sufficient instances of narrow escapes from living entombment, brought forward from time to time, to show that there must be a far greater number who do not escape.

The numerous other evils connected with death and interment, of which Mr. Chadwick treats—especially the want of all care to detect and remove the various *preventible* causes of death—the want of means for warning families from coming, as they now do, in rapid succession into close, pestilential places of residence—the want of means for examining into common causes of disease, which affect the whole community—the want of proper measures for verifying the fact and cause of death, whence wide opportunities are allowed for the commission of murder, either by violence or by neglect;—these we must pass over, in order to lay before our readers a short account of the remedies which he proposes to mitigate or remove them.

These remedies may be briefly summed up as follows:—The enforcement of such sanitary measures as diminish the amount of deaths, and, consequently, of burials; the entire prohibition of interments in towns, and especially in churches; the provision of national cemeteries; the provision of houses of reception for the dead; the supply of materials for funerals on every scale at reduced prices; and the appointment of officers of health, through whose agency principally this improved system of things may be carried out. Let us give a short account of the details.

And, first, concerning the proposed officers of health. They should be, according to Mr. Chadwick, persons unencumbered with private practice; retired army or navy officers, for example; and they should be possessed of habits of investigation, and zeal and ability for the service—qualifications which would be best evidenced by their having "investigated successfully some scientific question on the prevention of disease to a practical end." The number of them would be regulated, of course, by the number of deaths in a given place. It is calculated that each officer can visit fifteen houses on an average *per diem*. Now in the metropolis there are, on an average, 125 deaths daily, 22 of which are from epidemic, endemic, or contagious, and, therefore, more or less *preventible*, diseases; and in this latter number of cases might they daily enforce measures to protect the survivors and their neighbours from the spread of disease. The pay of these officers might correspond with the pay of army and navy officers. Thus there might be an inspector-general at £1 16s. per diem; a deputy-inspector-general at 24s.; eight inspectors at 19s.; two supernumeraries at 15s.; and these, with ten single horse vehicles, which it would be expedient to furnish, would cost about £6,000 per annum.

That these officers should be well qualified, and that they should not be encumbered with practice, are, we think, judicious regulations enough; but we very much doubt the expediency of selecting them chiefly from amongst retired practitioners of either service. There are many civilians whose practice is not worth having, because they have addicted themselves to scientific investigations, whose utility would be far greater.

The duties of these officers would be, to verify, by an actual inspection, the fact of death, its cause, time, place, and circumstances, and, if possible, the identity of the deceased, and to provide for its proper registration. Thus would be prevented the fraudulent registrations which at present are so easy. "Any one who is unknown to the local registrar may go and register his own death, of which a certified copy will, according to the Act, be evidence in a court of law. * * False registrations have been made amongst the lower classes as to the *place of death*, to gain interments in other parishes at cheaper rates."

The following extract will show the working of the proposed system:—

"To illustrate more clearly the course of alteration of the practice of interments, we will suppose the physician or officer of health brought by the proper notice to the habitation were the body lies in the presence of the survivors.

"In visiting the habitations of the laboring classes, he would be more careful to denote his office, profession, and condition by his dress, and in his address even than with other classes. On his arrival at the place of abode of a person of the working class, he would, after announcing his office and duty, inspect the body, and then require the name, age, and occupation, and circumstances of the death of the death of the deceased, enter them, and take the attestations of witnesses present. If the death occurred from any ordinary causes, he would, nevertheless, speak of the expediency of the *early removal of the body to the chapel or house of reception*, where it would be placed under proper care until the appointed time of the attendance of the relations and friends at the interment. The exercise of a summary power of removal in the case of rapid decomposition of the corpse, or in case of deaths from epidemic disease, for the protection of the living, is frequently suggested and claimed by neighbours. * * * * * In a majority of cases the prostrate survivors would be glad that he should order everything, and would feel

it a relief if he were to do so. He would be prepared with a tariff of the prices of burial, and with instructions as to the regulations adopted for the public convenience, and for the more respectful performance of the ceremony of interment, and should be empowered and required, on the assent or application of the parties, to carry them out completely, as he might do with very little inconvenience or expenditure of time. He might be empowered to take such a course as this. Speaking to the widow or survivor of the lowest class, he might say—

"The inspectors of public health have been empowered to regulate the practice and the charges for interment, and to contract for, and on behalf of, the public, to ensure the means of burial in a proper and respectful manner for the highest as well as for the most humble classes. Formerly the charge for a funeral of a person of the condition in life of your husband was four or five pounds, but, by the new regulations, an equally respectable interment is secured to you for little more than half the amount. You are, nevertheless, at liberty to obtain the means of burial from any private undertaker."

He might also take down the names and addresses of every person to whom the relatives might wish a notification after death to be sent, which might be despatched by his clerk, at a very low rate. He might, when desirable, inspect the premises, to ascertain any local causes of disease, and giving directions for their cleansing and fumigation. In cases of epidemics he might often save lives, by ordering the survivors, if ill, to be removed to the hospital, from the unwholesome room or house where the death occurred.

There is every reason to believe that the visits of such officers, instead of being regarded as an intrusion, would be gladly received by many a bereaved family.

Then, in the next place, concerning the *places of burial*. The intra-mural burial grounds of course should be shut up. *Suburban cemetries, belonging to, and managed by, the various parishes*, are found by experience to be objectionable; their expenses as now existing, are often enormous; the expenses of funerals in them is greatly increased by the distance; in fact, if adopted as a partial remedy, they would leave the principal evils unmitigated, if not made worse.

The objections to the system of interment in *cemetries belonging to companies* of speculators, are equally great, if not greater. In the first place, as a matter of feeling, we cannot but agree with the Rev. W. Stone, one of Mr. Chadwick's informants, that there ought to be a great repugnance to purchasing the solemnities of Christian burial at the hands of a joint stock company. The mercantile spirit with which they advertise for interments and distribute their lists of prices; and their conspicuous placards, "To the —— Cemetery only One Mile," which are seen in the suburbs, excite surely some feeling of disgust. And besides, what security is there that these companies may not be tempted to perpetrate the very same indecencies that are now committed in other private burial-grounds? For our own part, where money is concerned, we put very little faith in the good feeling or tender mercies of a *board*.

"It may moreover be confidently affirmed," says Mr. Chadwick, "that there is scarcely one of the new cemeteries in which one or other of the well-established principles of management, in the choice of the site, or the preparation of the soil, or the drainage, or the mode of burial, or in the numbers interred in one grave, or in respect to the precautions to be observed to prevent the undue corruption of the remains and the escape of morbific matter, or in the service and officers, or in jurisprudential securities, is not overlooked."

It is calculated that an acre should contain about 1,452 common graves; whereas, according to the calculations of cemetery companies, an acre is made to hold from 3,600 to 3,800, placed side by side; and in these the coffins are "piled one over the other by five or even ten deep, without any precaution as to emanations; so that although fairer to the eye, there is no certainty that these places may not ultimately become as dangerous as the present town graveyards. The same kind of accidents to gravediggers from effluvia have happened in both.

The conclusion, therefore, is, that *national cemeteries* ought to be provided at proper distances from the metropolis and other large towns. They should be placed under the control of the officers of health. They should be provided with a sufficient staff of officers, to ensure the preservation of order: and every arrangement connected with them should exhibit and should produce respect for the sacredness of the place. The lowest officials should be cleanly and respectable in appearance; none of the filthy unshaven gravediggers should be visible, who are to be met with even in the joint stock cemeteries. The depth of the graves should be great enough to prevent the too hasty escape of miasma, but not so great as to delay decomposition materially, or to cause the pollution of distant springs. The nature of the soil should be sand or gravel, which permits the gradual escape of the putrefactive gases, whereas clay retains them. The ground should be properly drained, so as to protect wells and springs, and to prevent that degeneration into adipocere which flesh undergoes in water at a low temperature. For the metropolis, supposing interments to be generally renewable every ten years, the space required would be about co-extensive with Hyde-park, St. James's, and the Green-park, put together; besides which, belts of land around the cemeteries should be kept clear of houses.

A very important part of the management consists in keeping the ground covered with a thick turf, and

planted with shrubs and trees. The purifying effects of vegetation on the air are well known.

Connected with the cemeteries would be houses for the reception of the dead, and their proper and respectful care under superior and responsible officers. Thus the danger and nuisance of the retention of dead bodies would be avoided, without the revolting alternative of sending them to a parish bone-house or vault under the church. As long as human remains retain the human form, they should be treated with respect and affection. Mr. Chadwick gives a plan of the house for the reception of the dead at Frankfort, with the rules for its regulation, as well as the rules of the reception-house at Munich. These leave nothing to be desired as regards the respectful care of the dead, and the measures to be adopted in case of resuscitation.

The Rev. H. H. Milman has thrown out a practical suggestion which seems to be well worthy of adoption. Instead of a funeral procession through long, crowded streets—a costly, but unheeded, cavalcade for the rich—a wearisome march for the poor—let the dead be decently but quietly conveyed beforehand to the cemetery; there let the relations be assembled, and the procession be formed; the service concluded, let the mourners quietly return home. This modest, uncostly method we hope to see generally adopted.

It gives us sincere pleasure to notice Mr. Chadwick's anxiety, to secure to the uttermost the beneficial effects which the proper arrangement and sober decoration of cemeteries might produce on the minds of the people, as well as to secure the performance of the service of the church with music, and every other source of impressiveness and grandeur.

We must now take leave of Mr. Chadwick's report, trusting that we have enabled our readers to form some estimate of its plan and contents.

MR. ADDISON AND THE BRITISH AND FOREIGN MEDICAL REVIEW.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In the last number of the "British and Foreign Medical Review," there is an article in which I find the following passage, alluding to my Researches, published in the "Transactions of the Medical and Surgical Association," Vol. XI. :—

"Some of these results, to which no doubt can be reasonably attached, are of great value; others, we fear, will not stand the test of further investigation, particularly with a microscope of qualities superior to that which we understand Mr. Addison to have been in the habit of employing. Knowing what differences of opinion are liable to occur, even among those possessed of the best instruments, we cannot be satisfied with conclusions based upon researches carried on with one of inferior quality."

Now, what the writer of this article knows of the qualities of my microscope, I am at a loss to imagine; I do not believe he has ever seen it, and the reader is left to conjecture whether "the conclusions" are unsatisfactory to the reviewer, from the instrument showing too much or too little. Such vague remarks and objections, if they apply to one, must apply to the whole of my observations. They are aimed at the very root and foundation of all my facts; and, therefore, it is due to the council and members of our Association, who have been at the expense of publishing numerous plates, illustrating the observations upon which the conclusions are based, to notice this indefinite but sweeping objection from the unknown editorial WE. In doing this, I shall take the two following extracts from my Researches :—

"After a short time the fibrine may be seen coagulating. Exceedingly delicate and perfectly cylindrical fibres or filaments, having a diameter even less than the molecules, first appear crossing the field of the microscope; they gradually increase in number, intersecting each other in various directions, and at length form a complete network." * * * On applying liquor potassæ to the colorless blood-corpuscles, "instantaneous changes occur in their interior, where numerous molecules and granules may frequently be seen in active motion. In a short time the corpuscles burst open or explode, and discharge ten, fifteen, or more molecules and granules, which either disappear quickly by dissolution in the alkali, or remain for a longer time visible, according to the strength or quantity of the alkali by which they have been acted on."

The molecules here alluded to have a diameter not exceeding the 1-100,000th of an inch, and the fibres of fibrine have one less than this, and yet both these observations were made with the microscope with which the reviewer is so dissatisfied. Now, if he can show that they are erroneous, I will unreservedly acknowledge that his objection is well founded, and that my conclusions must be given up, for the reason (which it is evident he wishes his readers to infer), viz., because the microscope I have used is not trustworthy; if he is not able to do this, then the inference which the readers of the Transactions will draw must be, that the remarks are erroneous and uncalled for, and that the microscope may be thoroughly depended on, having qualities sufficient to make apparent those things which have escaped detection by persons possessing instruments "of qualities superior."

A few months ago Powell and Lealand fitted one of their best one-eighth object-glasses, magnifying 750 diameters linear, to my microscope; this has enabled me to confirm the *bases* of all my published conclusions; nor have I, with this increased power, seen anything to lead me to alter a single statement, or to throw any doubt on my inferences. I make these remarks because the Association referred to has now printed *a second series of researches*, and has had additional illustrations engraved, which will be published in the forthcoming volume of their Transactions. Should these explanations meet the eye of Dr. Forbes, I trust he will call the attention of his influential WE to them.

I remain, Gentlemen,

Your obedient servant,

WILLIAM ADDISON.

Great Malvern, Jan. 8, 1844.

STRICTURE OF THE RECTUM ENDEMIC (?)

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Can you spare a corner of your Journal to a non-professional correspondent, who takes an amateur interest in medical matters? Hernia, we are told, made Astley Cooper a surgeon. Stricture of the rectum had done the like for me; but I had passed the meridian of life when first pronounced the subject of this malady; and though at the time I foolishly thought myself in robust health, suffering and treatment, or treatment and suffering, soon disqualified me for active business, which I declined, and gave up my now vacant mind to an investigation of the mysteries of medical science. The result of this course has been to impress me with a much deeper respect for the medical profession collectively than is entertained for them by a considerable portion of the public. In such estimation do I hold them, that I am jealous of aught tending to sully their fair fame, as if I were one amongst them, instead of a mere observer, *extra limites;* wherefore, at a time when you are struggling nobly for reform, and the redress of grievances, I have, in my enthusiasm, ventured to hope that you will look with a lenient eye on the crude notions and remarks of a mere well-wisher, hereby submitted to your notice.

I have been favored with the condescending notice of eminent medical men from all parts of England—aye, and on one occasion, am proud to say, *dined* with the Provincial Association; yet, notwithstanding this favored and extensive intercourse, I never yet met one who recognised stricture of the rectum as ENDEMIC. True, when (brooding on a fancied discovery) I happened to mention (very cautiously) stricture in connection with a *certain locality*, many would shrug their shoulders, smile, purse their lips, and look what is termed "knowing," till I suspected I was forestalled in my embryo additions to science; still nothing has come to light, so that if I have really made a discovery, I shall be truly delighted, and I believe I have.

Now, Gentlemen, mark! I will engage to point out a certain city in the west, much and long favored by invalids for its hot springs and other natural advantages, wherein, and within a circuit of five miles whereof, there shall be found more cases of stricture of the rectum *under treatment* than in all England besides. In this estimate, of course I include cases which, though resident without the circuit, come within it for treatment.

Now, this discovery, if it be one, entitles me to the merit of showing stricture of the rectum to be an endemic disease; and, trembling lest I lose my precedence in the announcement, let me entreat you to register my claim to this addition to science from the day of the date hereof, whilst at my leisure I examine the possible sources of fallacy.

The most probable source of error which presents itself to the imagination is, that a nest of designing, unprincipled quacks, had settled in this city, and been for a long time past fattening on their foul delusions. Not so;—this soil is not very congenial to the quack; we meet with no puffing advertisements on the subject here. The practice is strictly private, and unquestionably in the hands of the regular practitioner, so that neither quackery on the one hand, nor want of professional knowledge in diagnosis on the other, can be brought to bear upon my position.

Can it be that patients from all quarters, suffering from this distressing malady, congregate here, induced by any reputed efficacy of the water? No; for it is only on arrival here that the disease manifests itself, or, at least, is discovered, and that in an incredibly short space of time, in proof of which allow me to advance one case. The lady of a clergyman in Essex, supposed to be laboring under a nervous complaint, was recommended a short tour through England, and seemed to benefit thereby, till arriving at ——, the city in question. She consulted the late Dr. ——, who soon found the source of all her ailments to be stricture of the rectum. She was accordingly left under his care for treatment, thoroughly reassured by the sanguine hope of ultimate recovery. The husband returning home to his parochial duties, was soon visited by the former medical attendant, who expected to see his patient return, and restored to health; but at once, on hearing that she was left at —— under medical care, exclaimed, "Oh! then she has stricture of the rectum, and is under Dr. ——." This was a fact; but how the other should know it puzzled the clergyman, as it was intended to be kept a secret; but, on further conversation, the *treatment* necessary in such a case being disclosed, the husband was so disgusted that, wet and weary as he was, he determined to start instantly, and restore her immediately to her own home. Being firm and unmoveable in this resolution, his medical friend saw him to the coach, and at parting said, "*Mind they don't persuade you that you have a stricture.*" Alas! so sudden is the invasion of this endemic scourge, that in a few days the clergyman wrote word to his friend thus:—"Mrs. —— is too ill to return, and you will be grieved to hear that Dr. —— has discovered that *I* am laboring under the same malady, wherefore we both remain to undergo the necessary treatment."

Can it be that superior skill in the treatment of stricture induces patients hither? The same argument holds good; they know not their malady till they arrive.

True, there was a time when the late Dr. —— was very celebrated in cases of this kind; but he is dead and gone, and *nil de mortuis*, &c. Yet cases of this kind are not less frequent, nor are they, as formerly, confined to one practitioner, but distributed amongst many, "all, all honorable men." To some I am aware that so much of the practice falls, that they consider it necessary to manufacture their own bougies, and supply patients therewith. What the just or proper dimensions of these instruments might be, is not for me to determine; but I have seen some which would eclipse an ordinary policeman's truncheon entrusted to fair hands for private every-day use. In case of civil disturbance, I would recommend the mayor to equip the *posse commitatus* at one of these manufactories. I will engage the *smallest* weapon furnished shall be three inches and a half in circumference.

Now, Gentlemen, one only possible source of error remains, viz., that several practitioners, all duly qualified, are practising a delusion on the public. Can such be the case? I am sure you will answer

indignantly, no; otherwise you might cease your efforts after reform, and give up all idea of enlisting public sympathy and assistance to rid you of evils and grievances which some of your own body are seeking to perpetuate.

Bring the matter, Gentlemen, at once before the Provincial Association; show all members of your profession to be spotless in this matter, and devise means for meeting and eradicating this *endemic* scourge; but, at the same time, award the merits of the discovery now made to your obedient servant, who hath sorely and severely suffered long and often.

Os Coccygis.

Nov. 27, 1843.

DR. EAGER'S REPLY TO MR. BARRETT'S LETTER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—On perusing your Journal of the 6th inst., a letter, signed Jos. E. Barrett, came under my notice, in which the writer very elaborately endeavours to falsify all the statements I made in a previous letter, regarding the nature and extent of my connection with the Christian General Burial Society. I beg leave to repeat that *all* I have said respecting this subject is substantially correct. The subjoined letters fully attest this fact, and render it sufficiently obvious that all Mr. Barrett's counter-assertions are unworthy of credence. The only difference between Mr. Barrett's and my statement regarding the circulars is, that, instead of their being sent from the printer's to Mr. Barrett's, they were sent for from Mr. Barrett's to the printer's, leaving the facts of the spurious publication of the circular, and its connection with Mr. Barrett's residence, essentially as I have stated them. The error with regard to the packet being sent to Mr. Barrett's house, was the more admissible, as that portion of the order (the crest) would have been forwarded to Mr. Barrett's residence, had not Mr. Fleming ascertained that a policeman was in waiting to detect the author of the fraud. Of this I was informed by Mr. Fleming yesterday. I beg most particularly to direct the public attention to the following facts, and shall leave the inference to their discernment:—In the first place I found it necessary to decline this Mr. Barrett's acquaintance for *unprofessional conduct* long before he tendered his resignation as surgeon to the orphan-house. Secondly, a person living in Mr. Barrett's house at the time (whom I have ascertained to be Captain Dudley Byrne) called and gave the order to the printer. Thirdly, this Captain Byrne (who had nothing whatever to do with the Burial Society) is well known to be Mr. Barrett's *intimate friend*. Fourthly, Mr. Barrett acknowledges having sent one circular at least as a "curiosity" to a friend; and finally, this same Mr. Barrett (as appears from Mr. Fleming's letter) has disinterestedly endeavoured to prevent Mr. Fleming from bearing testimony as to Captain Dudley Byrne's identity. I cannot of course condescend to notice the insulting language which Mr. Barrett uses so plentifully in his labored epistle, convinced that abuse neither adds to nor diminishes the value of facts.

I remain, Gentlemen,
With due respect,
Your humble servant,
James Eager, M.D.

St. Peter's-square, Manchester,
Jan. 9, 1844.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Having seen, in the last Number of your Journal, a statement made by a Mr. Barrett, surgeon, of this town, respecting Dr. Eager's connection with the "Christian General Burial Society,"—in reference to this statement, we are sorry to add that (to say the least of it) it is full of inaccuracies; Dr. Eager had nothing whatever to do with the drawing up or composing of *any part*, much less the obnoxious and objectionable part of our circulars; and we express our regret that what was done innocently by us has been made an instrument to *injure* Dr. Eager's professional character. In a word, we solemnly testify that Dr. Eager has never composed or written one of our *rules*, nor a single sentence in any of our circulars, but highly disapproved of the clauses alluded to.

(Signed) William Kirkham, 170, Rochdale-road Manchester, President.
James Smith, General Agent, 24, Richmond-street, Oldham-road, Manchester.

Jan. 9, 1844.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Having seen, from a copy of the Provincial Journal put into my hands, the use that has been made of a note given by me to a Mr. Barrett, surgeon, of Manchester, I think it right to give a full statement of the facts.

Captain Dudley Byrne called on me with a copy of a circular of the Christian Burial Society, with an order to print 180 circulars to pattern. I did so accordingly; he called for the packet, and paid for it, leaving his crest to be cut, which I promised. Next day he came; it was not finished; he said he was leaving town, and I was to send it to Mr. Barrett, surgeon, Oxford-road. Since this event Mr. Barrett called on me to say that I could not be sure it was Captain Dudley Byrne; but I am convinced of his identity with the individual who gave me the order.

I have the honor to be, Gentlemen,
Yours obediently,
E. L. Fleming,
Removed from St. Ann's Churchyard to 25, St. Ann's-square.

Manchester, Jan. 9, 1844.

MIDWIFERY ATTENDANCE UNDER THE NEW POOR LAW.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Your correspondent J. J., in his Rough Notes for Lord Ashley, remarks on the false economy and inhumanity of withholding from the poor

women, in their confinement, the assistance of the parish medical officer. The majority of these poor women would be allowed the parish surgeon if they were to *suffer from the effects of their accouchement.* If, for instance, they were attacked with puerperal fever, phlegmasia dolens, &c. &c., the guardians would feel shocked if it were only intimated that they refused, or could refuse medical relief; for now the case becomes one within the control of the surgeon, for which *he is not paid extra.*

The following three cases, illustrative of the manner in which the poor are left to the tender mercies of the midwife, have recently come under my observation, and in the retrospect of a year or two, I could furnish an abundance of similar cases :—

1. I was called on Wednesday last to a poor woman in an adjoining village, who was represented to be dying in labor. I found her very feeble and exhausted, more from the conviction of the hopelessness of her case and approaching death, than from any physical cause, for the midwife had repeatedly told her that she had no chance of living. The case was a very simple one; the woman had been in labor ten or twelve hours. The os uteri and soft parts were well dilated, but the pains feeble. I ruptured the membranes, and gave a dose of ergot; in ten minutes the child was born. The poor woman told me she felt as one restored from the brink of the grave, and would hardly credit my assurance that she had been in no danger.

2. On Sunday last I was summoned to the same village to a similar case. The child had been born three or four hours; profuse hæmorrhage had taken place; the midwife in her anxiety to depart had, by tugging at the funis, severed it close to the placenta. The patient luckily was a powerful woman, and the hæmorrhage, although considerable, has not injured her.

3. About a month since, in passing through a neighbouring village, I was requested to see a poor girl who had been in labor two days. She had applied to the relieving officer a few days previously for an order to be admitted into the house, or to have the parish surgeon. The relieving officer took time to consider the matter, and, as the sequel will show, his *consideration* nearly cost the girl her life. The poor thing had had hæmorrhage from the commencement of labor; the sheets and bedding were saturated; the patient blanched and nearly bloodless. I ruptured the membranes; the pains became stronger, and the hæmorrhage ceased. I remained with her three hours, and requested the attendants to send for me when they thought proper, which they did in about three or four hours, but not until they had delivered her, and had, contrary to my strict injunctions, pulled heartily, but ineffectually, at the umbilical cord; they did not, they said, like to trouble me, for the overseer and guardian would not grant an order. The poor girl is not yet well, perhaps she will never wholly recover the effects of the immense *draining* she has experienced. I ought to add that the father had been endeavouring for hours to get an order for my attendance, but could not, and never did; and had I not been stimulated by a little more charity than they, the woman must have died.

No practitioner can very much desire the paltry fee allowed by the poor-law commissioners; but better let him have that than the poor suffer.

If, Gentlemen, you think my communication worthy of publication in your valuable Journal, do me the favor to insert it; it may stimulate others to bring to the notice of Lord Ashley and the public similar cases that must "speak, like angels, trumpet tongued" against the ill-judged parsimony of the poor-law commissioners.

I remain, Gentlemen,
Yours, very obediently,
FREDERICK COX.

Welford, Northamptonshire, Jan. 9, 1844.

RETROSPECT
OF THE
MEDICAL SCIENCES.

CEREBRAL AUSCULTATION.

(Continued from p. 282.)

VII. In the seventh place, the cephalic bellows-sound has been observed accompanying *an aneurysm of the basilar artery.*

Jan. 15, 1841. I was consulted by Mr. S——, aged thirty-seven years, in regard to the nature of a complaint which, he had been told, arose from an affection of the heart. The particular symptom, which was the more immediate cause of trouble to him, was a continued and uninterrupted *buzzing* or *whizzing* noise in his head, "as though," to use his own quaint language, "a swarm of bees had made his head their hive." This symptom, together with an obstinate headache and deafness, which had induced an extremely nervous and irritable state of the mind, were indications which demanded something more than a passing consideration.

Having for a number of years labored under hypertrophy and dilatation of the left side of the heart, he had been induced to believe that the present indication of trouble about the head "could be nothing more than the noise produced by the impetuosity with which the blood was thrown into the brain." Accompanying this peculiar *whizzing sound,* he occasionally experienced something more than his ordinary dulness of hearing. This, however, was only temporary, and never prolonged more than a few minutes at a time. During these moments of temporary surdity, the buzzing sound before referred to entirely vanished, returning again, however, so soon as the deafness had passed away. He has also been subject to frequent attacks of epistaxis, and thinks this affords him oftentimes the most decided relief from that most annoying symptom, the buzzing noise in the head. Once in two or three weeks, moreover, he is troubled with a most violent cephalalgia, which is relieved only by the recurrence of the hæmorrhage from the nose. In years gone by, he had frequent recourse to copious venesection; this, however, he had long since abandoned, as a remedy of only temporary and exceedingly doubtful utility.

On applying the stethoscope to the region of the heart, the head and ear are forcibly propelled from the surface of the thorax, over a space extending between the third and seventh ribs. The whole volume of the enlarged organ seems to rise up, and to come in forcible contact with the thoracic parietes at every pulsation; and as it falls back again, the "back stroke," or "diastolic impulse," spoken of by Dr. Hope, and ascribed by him to the re-filling of the ventricles, is distinctly heard. The impulse of the heart is strong and hammer-like, and its first sound, which is heard equally over almost every portion of the chest, terminates in a sort of prolonged *bruit de soufflet*, the second sound being but little changed from its natural state.

The impulse of the abdominal aorta is readily felt through the abdominal walls, and by applying my ear to the back, directly over the course of this vessel, a continuation of the bellows-sound, which terminates the first sound of the heart, is distinctly heard, extending up and down the spine along the track of the vessel. Nearly opposite to the last dorsal vertebræ, and on a line with the umbilicus, I also heard a very distinct "purring and thrilling sound," which is said to be characteristic of an arterial aneurysm. The sound is heard over a space covering four or five square inches. A similar sound, though much fainter, is heard over the upper part of the sternum and the right clavicle. On applying my ear to the head of this gentleman, I was immediately struck with a singular phenomenon which presented itself, and which I at once recognised as the very *bruit de diable* which had been the source of so great trouble and annoyance to him.

The exact character of the sound, I have discovered, it is impossible to describe; and yet it is so unlike any other sound which I had ever heard in the brain, that it would be difficult, when once recognised, to confound with any other cephalic murmur. It is harsh, rough, and accompanied with a *purring*, vibratory thrill, which seemed to be communicated to the whole brain. It is quite distinct and audible over every portion of the cranium, and especially through the external auricular foramen of the patient himself.

The *purring* sound or thrill, which renders this murmur so exceedingly unique, is continuous, and seems to be prolonged beyond the ordinary duration of the pure bellows-sound of the brain. It accompanies the systole of the heart, and consequently corresponds in frequency with its pulsations. Compression made upon the carotids very much enfeebled the sound, never entirely obliterating it, but mellowing it down to a simple bellows murmur.

On describing the peculiar nature of the sound which I had heard to the individual himself, he at once noticed its similarity to the sound which was so unpleasantly and continually audible to his own ear.

I had occasion frequently after this to notice this phenomenon. It was always present, and never for a moment ceased to annoy and disturb the comfort and well-being of the man.

August 22, about seven months from the time at which I first saw this gentleman, being in possession of his usual health, while in the act of stooping, to raise his little son in his arms, he suddenly fell prostrate upon the floor a corpse.

The following appearances were presented after death:—

Exterior.—The expression of the external features is much like that of individuals dying in a state of asphyxia.

Thorax.—Lungs healthy, though much engorged with blood. Heart enormously enlarged, having become *globular* in its shape, occupying a very considerable portion of the thoracic cavity, and lying transversely across it. The thickness of the parietes of the left ventricle was but a few lines less than an inch, while its cavity was distended to such a degree as to be capable of containing a bulk equal to that of a full-sized coffee-cup. The hypertrophy and dilatation of the right side were less marked. The auricles retain their usual size and appearance. The aorta, from its origin upwards, seemed to be in a state of uniform dilatation. From the arch of the aorta was an aneurysmal enlargement of the vessel, extending along its calibre for the space of one and a half inches. The trace of an incipient aneurysm was also discovered in the arteria innominata, near the origin of the right carotid. In the *abdomen* there was a cylindroid aneurysm of the descending aorta, such as has been described by M. Breschet, commencing just below the points where the superior mesenteric and renal arteries are given off, and an evident dilatation likewise of the right external iliac.

Head.—Vessels of the dura mater much engorged, and the grooves which formed their beds in the skull seemed unnaturally deep and furrowed out. Those of the arachnoid and pia mater also congested. Substance of the brain natural both in color and consistence.

On prosecuting the dissection still farther, and an opening being made through the longitudinal fissure, which separates the two lobes of the cerebellum toward the base of the brain, a large quantity of loose and coagulated blood was found, extravasated in and about the substance of the cerebellum and lower portions of the cranium. On cutting away portions of the cerebellum at this point, nearly down to the medulla oblongata, I noticed directly over the pons varolii, and in the situation which is usually occupied by the basilar artery, the loose edges of a ruptured sac, of no inconsiderable magnitude. A more particular examination at once showed it to be the wreck of an aneurysm of the arch of the basilar artery at this part. Appearances seemed to indicate that it must have been not far from the size of a common prune, and of an oblong shape. The fibrous structure of the pons varolii, which in its natural state is so easily recognised, had degenerated into a hard, homogeneous mass. The identity of the sixth pair of nerves, with the thick bundle of filaments of the fifth and also of the seventh pair, amid the bloody and disorganised condition of the parts, could with difficulty be made out. The substance of the cerebellum, about the position of the aneurysmal sac, from the long-continued pressure which had been made upon it, had become hard and inelastic. Other portions of the brain and medulla oblongata appeared sound.

VIII. I shall now speak, in the eighth and last place, of the cephalic bellows-sound, together with *one other physical sign*, which I have observed concomitant with, or rather growing out of, this sound, as con-

nected with a certain hydrencephaloidal disease, and a general state of anæmia.

This disease has been spoken of by some late distinguished writers, as being *peculiar to*, or at least as occurring *most frequently* in, infants or children between the ages of one and three years, less frequently in elder children, and still *more rarely* in adults. So far, however, as my own experience goes in this matter, it by no means accords with this fact. I have quite as frequently had occasion to notice this disease in adults as in infants or very young children; and in every instance where I have noticed it in adults, it has uniformly occurred in *females* whose systems had been for a long time subjected to the depressing and enervating influences, and the *concomitant evils* of a "factory life." And in no case has it occurred in which it could not be almost immediately traceable to some obvious cause of a more or less rapid exhaustion of the *blood and nervous system*.

The state of anæmia which invariably accompanies this disease is in infants most frequently induced by constant or long continued diarrhœa, by improper food, by painful and protracted dentition, by leeching and unnecessary bleeding, or by purgatives injudiciously and improperly employed and persevered in. In adults it is also brought on by "tedious and long neglected diarrhœa," by frequent and copious hæmorrhage from any part of the body, by the exhausting and enervating influence of habitual masturbation, and the long continued and frequent indulgence of the appetite in the use of chalk, charcoal, nutmegs, cloves, brick, lime, and many other equally deleterious and disgusting appliances which a depraved and morbid appetite is so apt to crave.

As has already been stated, this disease, which is induced by so many and so varied causes, in its more aggravated form, especially in infants, so nearly resembles certain of the more acute and dangerous forms of cerebral inflammation, that it becomes a matter of the most absolute necessity to be able, timely and properly to discriminate between two affections, *apparently so very similar, and yet so very dissimilar*.

I shall, therefore, now proceed to notice some of the more obvious, rational signs of this disease, together with one or two physical signs, to which particularly I beg leave to call the attention of the reader for a single moment.

The *first case* which I shall relate occurred to me in a little boy, the son of Mr. G., aged fourteen months. I was called to this child in a "convulsion fit." Previous to this it had passed through a severe and protracted period of dentition. The child was naturally robust; but now, under the depressing influences of teething, weaning, and an unwholesome diet, it had wofully degenerated from its primitive state. Then add to this the fact, that its parents, under the false impression that "*worms* were the sole cause of its troubles," had plied it with the most powerful and long continued drastic purging, and the the prognosis of the disease, *whatever that might be*, could be anything but a favorable one.

The purgative effects of the medicine had already degenerated into a most obstinate and uncontrollable diarrhœa. I found the child in this state of the most complete exhaustion, having but just recovered from the fit, presenting the following appearances:—

In its mother's arms it was lying, with its head thrown backward; the mouth and eyes were but partially closed; the eyeballs were rolled upwards, and the cheeks suffused with a deep vermillion blush. The face, on the contrary, the head, the ears, indeed the surface of the whole body was pale, and white like marble. The extremities were cool, while a degree of heat about the rest of the system scarcely comported with the pale and cadaveric appearance of the body. The sensibility of the child was extreme. It was startled at the *least sudden noise* and at *the slightest touch*. Gritting the teeth, groaning, moaning, rolling and tossing the head, were incessant. The respiration was hurried and *panting*, and the pulse rapid, though it may be that it lacked the fulness which characterises a state of active inflammation. In addition to the foregoing symptoms I also detected a strong and well-marked bellows-sound in the head of the child. It differed in no way from the same phenomenon which I had been accustomed to associate with an acute inflammation of the brain. It was short, abrupt, rasp-like, and harmonised with the action of the arterial pulsations, and was 142 in the minute.

The disease was very naturally taken for that which its symptoms *immediately* indicated, namely, acute inflammation of the brain; and for three days all the remedial agents usual in such cases were plied with the utmost vigor. It was all, however, to no purpose. Every day found an aggravation of the symptoms of the preceding one; and it was not until the commencement of the fourth, in which every symptom had increased to such an alarming extent as to threaten immediate dissolution, that the *real nature* of the disease became sufficiently apparent. To-day, while every chance of life seemed to rest upon the hazard of a single throw, I had determined upon making one more and the last effort to suppress, as was supposed, a so violent hyperæmia of the brain. The temporal artery was accordingly exposed, opened, and in the single jet of the pale, colorless, serous-looking fluid which escaped from it, the truth of the whole matter and the error of my own judgment at once flashed upon me.

This, then, was the condition of the blood—pale, thin, watery, and very nearly resembling just what it was, pure serum, only slightly tinged with red. Wherever it dropped, whether upon the dress or the skin of the child, it scarcely left a stain of the faintest red color, so far had it deteriorated from its original and healthy state.

All depletion, as a consequence, was now at an end, and for the strictest antiphlogistic treatment which had been so perseveringly persisted in, *tonics* of quinine and steel, stimulants of brandy and wine, with a diet of the most nutritious quality, were instituted without delay. A few days, under such treatment, soon evinced the propriety and judiciousness of the change, and a single week had scarcely elapsed when the glow and sprightliness of returning life were witnesses of the sure and gradual renovation of the vital powers to their original and healthy state.

I have seen numerous instances of excessive menorrhagia, and of chlorosis or anæmia of young females

when carried to a high degree, accompanied by violent throbbing pains in the head, the *bruit de scie*, and musical sounds of the arteries of the brain, giddiness, sickness of the stomach, a rapid jerking pulse, and exalted state of nervous sensibility, delirium, and other symptoms of a cephaloidal inflammation, and yet every instance of menorrhagia or chlorosis is not to be regarded as a hydrocephaloidal disease, or even that of anæmia.

We have, then, four perfectly distinct auscultic phenomena, which are developed by, and which are characteristic of, particular pathological states of the encephalon. They are—1, the cephalic bellows-sound; 2, the encephalic or cerebral œgophony; 3, the *frémissement de cataire*, or purring thrill; and, 4, the *bruit de poussin*, cooing, or musical sound.

The first of these, in a pure or modified state, has been noticed as the accompanying phenomenon of cerebral congestion, acute cerebral inflammation, hydrocephalus, compression of the brain, scirrhous induration of the substance of the brain with softening, ossification of the arteries of the brain, and the hydrencephaloidal disease.

The second has been noticed only in those cases of cerebral disease which are accompanied with effusion and extravasation of fluid in and about the substance of the brain.

The third, in aneurysm of the basilar artery; and,

The fourth, which, properly speaking, is only an extraordinary modification of the bellows-sound, is never found accompanying any state of hyperæmia or active inflammation of the brain, and, therefore, may be considered strictly pathognomonic of a state of *excessive anæmia* of that organ.

MANCHESTER INFIRMARY.

Dr. James Lomax Bardsley has resigned the office of physician to the Manchester Infirmary, and been unanimously appointed consulting physician to the same institution.

LEEDS HOUSE OF RECOVERY.

We have received the last annual report of this valuable institution, from which it appears that both the number and severity of fever cases in that house is diminished. The mortality last year was 14½ per cent., whilst this year it has sunk to 11¼.

NOTICE.

The senate of the University of London has recently recognised certificates of attendance on the medical practice and clinical lectures of the Manchester Union Hospital.

BOOKS RECEIVED.

Elements of Natural Philosophy; being an Experimental Introduction to the Study of the Physical Sciences. By Golding Bird, A.M., M.D., F.L.S., &c. Second Edition. London: Churchill.

Thermal Comfort; or, Popular Hints for Preservation from Colds, Coughs, and Consumption. By Sir George Lefevre, M.D., Fellow of the Royal College of Physicians, &c. Second Edition. London: Churchill.

Advice to Wives on the Management of Themselves during the Periods of Pregnancy, Labor, and Suckling. By Pye Henry Chavasse, M.R.C.S. Second Edition. London: Longman and Co. Birmingham: Davies.

Advice to Mothers on the Management of their Offspring during the Periods of Infancy, Childhood, and Youth. By Pye Henry Chavasse, M.R.C.S. Third Edition. London: Longman and Co. Birmingham: Davies.

On Superstitions connected with the History and Practice of Medicine and Surgery. By Thomas Joseph Pettigrew, F.R.S., F.S.A. London: Churchill.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

We have received an article on Mesmerism, extracted from the "Burlington Advertiser." It is highly creditable to the authors, and calculated to teach the public the real nature of this so-called science.

The report of the Lowestoft Infirmary has been received, and shall appear as soon as possible.

A correspondent asks, "Will you be kind enough to inform a subscriber, in your next Number, whether the Royal College of Physicians of London would acknowledge a licentiate as *Medicinæ Doctor* who deals in drugs, or practices generally as an apothecary or surgeon?—[Our correspondent had better apply to the censors of the college for an opinion as to the legality of the practice, which is common enough in some districts.]

Our attention has been directed by several subscribers to a silly paragraph which has appeared in the papers, headed "Town and Country Practice," and giving a glowing account of the reduction of a dislocation in a London hospital, after the efforts of some country surgeon had failed. Suffice it to say that the officers of the hospital in question had nothing to do with the offensive paragraph, which, it appears, was inserted by the patient out of gratitude.

N'Importe.—There were three examinations at the College of Surgeons in October, viz., on the 6th, 13th, and 28th; and a list of the gentlemen who received diplomas is published in the Journal for each Saturday following. We receive an authentic list every time a court is held; and if any name is not to be found there, the inference is plain. The list of new licentiates of the Apothecaries' Society is published annually, and may be procured of a bookseller.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 173.] LONDON, SATURDAY, JANUARY 20, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

A THEORY
AS TO THE
PROXIMATE CAUSE OF INSANITY.

By Beverley R. Morris, A.B., M.D.,
Of Trinity College, Dublin,
Physician to the York Dispensary.

"Mens sana in corpore sano."

It has been admitted, I believe, by all pathologists who have directed their attention to the morbid appearances in cases of insanity, that their investigations have accomplished but little in pointing out the actual origin of insanity, which still remains a *vexata quæstio*. It is true that they have brought together a vast mass of information as to the remote or exciting causes, but we do not go to the bottom of the matter when we say that insanity is *caused* by, perhaps, twenty distinct and unconnected affections, mental and corporeal.

To ascertain satisfactorily the proximate and consequently actual cause of insanity, we must look much deeper, and trace the effect produced on the brain by these remote causes severally, and if it can be proved that in all cases one uniform condition of the brain exists, I think we may then safely conclude that abnormal state to be the proximate physical cause of insanity.

In the following remarks I shall endeavour to connect the morbid appearances generally with the state of the mind, and show the manner in which both the mental and physical changes have been induced. To particularise would require a much greater amount of statistical information than we are at present in possession of. I cannot, however, help here expressing my regret that it has been so often the custom of pathologists to pay more attention to the examination of the cranium than of the other regions of the body, many of them only recording the lesions observed in the brain. I do not find any fault with the minuteness of their inquiries on this point, but I should wish to see equal care bestowed on the notation of disease in the thorax, abdomen, and elsewhere.

In order to obtain the requisite information, it would be necessary to embody the results of *post-mortem* examination in tables, embracing each region, and each organ, whether affected or sound; the species of insanity, as well as the particular passion or faculty distorted, should be noted, together with the duration of the disease before as well as after treatment; the previous state of the mind, the ostensible exciting cause, and other particulars, which I need not here specify. The amount of information obtained in this manner would be very great, for it is hardly to be expected that changes in such an important organ as the brain, should produce no effects on distant parts, which have evidently a very close sympathy with it in temporary affections; for instance, whenever a child is attacked with obstinate vomiting, we are always suspicious of the brain, although the other symptoms of an abnormal condition of that organ may be either very obscure or altogether wanting. On dissection, we probably find inflammation of the substance of the brain, with or without the effusion of serum into the ventricles. Here, then, we have extensive cephalic disease indicated by the disarrangement of the functions of a distant organ; it is of little consequence to the establishment of the theory I am about to bring forward, that other symptoms of disease of the brain coexisted with the irritability of the stomach; all I wish to prove is that it was a *symptom*, caused directly or indirectly by the disease set up in the great nervous centre; in this instance the brain is the only organ really implicated, the external effects emanating wholly from it, with no organic change in the parts manifesting them. If proper means are had recourse to successfully, the brain resumes its original condition, and the affection of the stomach, having no longer an exciting cause, subsides. In this case we find a cause of short duration exciting an easily appreciable symptom; but it is not necessary that such immediate and tangible effects should be produced, to prove the intimate connection existing between the brain and various organs of the body; the exciting cause in the brain may be slight, and the effects it produces may be also slight, and yet, if long continued, it will ultimately produce more palpable proofs of its power, in some of those distant disorganisations usually set down as accidental, and in no way connected with any affection of the brain.

The doctrine that insanity is a disease of the moral and intellectual faculties only, and curable by merely moral treatment, is now but little held; and it is generally acknowledged that it is dependant upon some physical change, but of what nature has never been very distinctly pointed out.

The theory I am now bringing forward will, I think, reconcile many discrepancies which have hitherto appeared in the history of insanity, and greatly aid us in the prosecution of our researches into the pathology of the disease in the dissecting-room.

It may be well to state, that I am now only treating of the *immediate* cause of insanity; the *remote* or *exciting* cause should be considered separately.

Some writers have taken very considerable pains to prove that insanity is always accompanied by *some* disease of the brain, and have recorded many cases to establish this position; assuming it as proved, I shall proceed to point out the particular affection of the brain which I conceive to be the immediate cause of the disease in question.

Insanity, then, I believe to be always caused by irritation of some portion of the brain, and not by inflammation in any case. The irritation may be

idiopathic, in which case, in its early stages, no alteration of structure in the brain or elsewhere, consequent upon it, will be found; or it may be induced by either the irritation or inflammation (mostly of the chronic type) of distant organs, more particularly those which are usually observed to have some effect on the cerebral system, viz., the digestive canal, the liver, the lungs, the genital organs. Here, however, we come to a very difficult point, and one which, with our present amount of information, from the causes above named, we are quite unable to settle; I mean in what cases those distant affections respectively are the effects of the remote causes of insanity, and in what cases they are merely accidental.

This can only be satisfactorily ascertained by extensive and combined microscopic researches; we might then not only determine this point, but also ascertain what effects were produced by each species of insanity, and we possibly might be able to show what portion of the brain was affected when particular faculties of the mind were impaired.

I say *possibly*, because hitherto the investigations of pathologists into the effects of disease of the brain or particular mental faculties have been entirely inconclusive; at the same time this circumstance should only stimulate us to increased and more minute inquiries into a subject of, at least, very great interest. But at present I think we are without any certain evidence of the various faculties of the mind having each its separate portion of the brain; in other words, we cannot localise the faculties.

We find so much similarity in the structure and functions of the brain and spinal cord, that I think it is quite fair to infer that they may be similarly affected, and that, when they are so, analogous results may be expected—for instance, we find both *idiopathic* and *reflective* irritation of the spinal column producing the same effects, though perhaps in a different order; thus, in a case of idiopathic irritation of a certain portion of the dorsal spine, we have an acute submammary pain produced; again, in another case induced by constipation of the bowels we find after a time the submammary pain produced; and again, we may have both the submammary pain and the constipation of the bowels following idiopathic irritation of the same portion of the spinal column.*

From these facts we may conclude, reasoning analogically, that in irritation of the brain we may have two sets of effects produced—one manifested by some impairment of its mental faculties, and the other by the induction of some distant disease, either functional or organic, probably of a passive nature; the part, by the withdrawal of a certain portion of its nervous power, being unable any longer to resist the encroachments of disease. When irritation is induced in the spinal cord, we find that its ordinary functions are disordered, *i. e.*, the nervous functions of the supplied part are deranged, usually manifested by diminished power. In like manner I believe that, when irritation exists in the brain, its ordinary, *i. e.*, its mental functions are disordered, manifested by deranged perception, or the loss of some other faculty denoting that its power is impaired. I would not, however, confine its effects to the mental faculties, but would extend them to the influences which it manifestly exerts over many of the corporeal functions; I refer not only to the voluntary influence of the brain over various actions, but more especially to where it exerts an influence entirely independent of the will. That it does so act we have only to refer to the effects produced by disease of the brain upon distant organs. I here object to Dr. Gooch's supposition that insanity is a "*temporary conversion of human into animal nature.*" Were this the case, I do not see how we could reconcile with it the derangement and disease of those organs which are strictly necessary to animal life, as consequent on insanity; and yet most writers on the subject allow that such is the case.

With regard to the *causes* which induce irritation of the brain, I think they may be referred to two classes—one acting *through the mind*, which I would call idiopathic — the other acting through the *corporeal functions*, and hence I would call it reflexive. We thus find the analogy between irritation of the brain and that of the spinal cord to be complete. The mental faculties of the brain I conceive to be analogous to the strictly nervous functions of the spine manifested in disease, by what are termed neuralgic affections. Its corporeal functions are of two kinds, voluntary and involuntary, and these are analogous to the voluntary and involuntary motive powers of the spinal system; not that any spinal act is, strictly speaking, voluntary, except by being united with the voluntary nerves of the brain. The mental and corporeal functions of the brain are so closely united, that I think we shall never be able to separate them anatomically, and say that this is strictly mental and this corporeal. The following table will exhibit the close analogy existing between the functions of the two great nervous systems better, perhaps, than any other way. The ganglionic system I look upon as supplementary and adjuvant.

* For farther information on this subject, I would refer to my paper on Spinal Irritation, which appeared in this Journal for September 9, 1843.

The Functions of

The Brain are		Spinal Cord are	
Corporeal.	Mental.	Motive.	Sensitive.
Voluntary:	Involuntary:	Voluntary:	Involuntary:
Exhibited in the Actions of the Limbs and certain Muscles.	Exhibited in the Actions of the Heart, Lungs, Bowels, &c.	Exhibited in the Actions of the Limbs and certain Muscles.	Exhibited in the Actions of the Heart, Lungs, Bowels, &c.

It is to a diminution in the action of the involuntary cerebral power that I would attribute those corporeal changes which are the almost constant attendants in one shape or another on insanity. During health the spinal cord is enabled, by the assistance it derives from the cerebral system, to carry on those acts which are necessary to the perfection of animal life; when, however, the nervous influence of the brain is removed, or in any way diminished, it become unable to carry on effectively its work, and, by slow degrees perhaps, disease of some kind, always indicative of diminished power, is established. We find that melancholia is frequently consequent on an hypochondriacal state, dependant, of course, on deranged digestion—thus favoring the idea that there is such a state as reflexive irritation of the brain. This condition would probably be found conjoined with spinal irritation.

The *intolerance of bleeding*, which is mostly present in insanity, is a strong point in favor of my theory, that irritation of the brain is the cause; for we frequently find extensive bleedings to be the cause of spinal irritation, and that in its more aggravated forms; and these cases will not bear the slightest depletion without manifest injury. Were insanity dependant on inflammation of either the brain or its membranes, we should find that extensive bleeding would not only be borne, but would be beneficial. Dr. P. Latham has recorded that, when the prisoners at the Milbank Penitentiary were exposed to malaria, and at the same time kept on low diet, diseases of debility made their appearance, and, lastly, when of course the debility was greatest, convulsion, delirium, apoplexy, and mania. He also records that bleeding was not borne at all.

There are, however, some cases of insanity which not only will bear moderate depletion, but absolutely require it; and these are either those in which the cephalic irritation is accompanied by a state of the system above par, or else complicated with inflammation, generally of its membranes. Too much caution, however, cannot be exercised in its use. Even in these cases, however, it will be observed that I charge the insanity to the irritation, and not to the inflammation present.

It may be well here to consider the state of the system in delirium tremens and puerperal insanity. In both there is great vascular excitement, arising from irritability, and not from inflammation; in both there is great intolerance of bleeding; both diseases are generally found to occur in people much debilitated, suddenly or gradually, from some cause or another; and in both the treatment is much alike in principle. Here, then, we find two diseases of the nervous system exhibiting symptoms of irritation of the brain; both curable by measures calculated to allay such irritation; and both showing an intolerance of bleeding, entirely inexplicable on the supposition that they arise from inflammation. Indeed, the usual cause of delirium tremens, viz., the withdrawal of some habitual mode of exciting the circulation generally, is sufficient to induce us to set it down as a disease of debility rather than one of undue exaltation.

In certain cases of temporary congestion of the blood-vessels of the brain, we find temporary illusions produced; were the cause continued, we should find its effects also to be permanent. During dreams it is probable that there is always increased vascular activity, if not congestion; this acting as an irritating stimulant to the brain, we find in some cases of dreams events recalled to the memory which had been long forgotten in its waking moments.

It is probably owing to the same cause that epileptic fits so often happen during sleep, generally towards morning, the usual time of dreams. Irritation of any organ we mostly find to be accompanied, if not caused, by congestion of the blood-vessels; in fact, there is such an intimate connection between the blood-vessels and nerves, that it will be very difficult, if not impossible, to refer accurately the effects produced to the right system. In theory they are perfectly distinct, but not in practice: It is probable, nay, nearly certain, that during intense thought the blood-vessels of the brain are in an increased state of activity; now, if this state is kept up for long periods, and constantly repeated, we may reasonably expect that some morbid change will be produced, more particularly in those cases where an hereditary predisposition exists; hence the probabilty that insanity may be produced by the too great application of the mind to any one idea.

Is it not also possible that in hereditary insanity there may be some morbidly delicate formation of the blood-vessels of the brain, which may render them unable to resist any extraordinary impulse? Their coats may be thinner, or they may be of a softer texture, than is usually the case. In connection with this supposition it may be well to notice the fact that, in cases where insanity has been developed in one or both parents, the children born after such development are more obnoxious to the invasion of the disease than those born before it; this fact, of course, proving the increased debility of the parents since the incursion of the mental disease; the unusual delicacy of these children acts as the predisposing cause; and there is no greater reason for saying that this state cannot be removed by appropriate treatment than there is for asserting that scrofula is incurable.

It is also ascertained that where hereditary taint exists, those who in their childhood have suffered from convulsions are more liable to become insane than those who have escaped, during their early years, the visitation of such an indication of, at least, great physical derangement. It is also possible that those atmospheric causes, whatever they be, which induce periodic exacerbations, may act by stimulating the vascular system to the propulsion of a greater body of blood through its vessels; and that those of the brain, being unequal, from a morbid delicacy, to sustain with impunity the passage of this increased volume, become temporarily congested, and thus cause the paroxysms.

There can be no question of the fact of an hereditary predisposition existing; but it is probable that the cases set down under this head are more numerous than they should be; for the constant terror and fear which such persons must be in of its development in themselves, would have a considerable effect in bringing about the very consummation they dreaded. This, however, would not account for all the cases, as there are many who,

being ignorant of the fact of its having existed in the family, yet become subjects of it. It is curious that in these cases the same species of insanity is usually developed that had existed in the ancestor; but this, of course, must be subject to considerable irregularities arising from varieties of temperament, &c. &c.

We find in some persons a much greater degree of resistance to the encroachments of disease, than in others, and few will deny that this applies with equal force to mental as bodily diseases. This will account for the fact, that in some cases a trifling exciting cause, mental or physical, may produce such irritation of the brain as may be followed by the establishment of mental disease, while in others it may have no effect in developing any abnormal condition of that vital organ.

In this outline of my theory of the proximate cause of insanity, it may be thought that, having coupled irritation of the brain and congestion of its vessels so frequently together, I look upon them as synonymous terms; such, however, is far from being the case, and although a congestive state of the vessels of some portion of the brain will very generally be found to accompany insanity, yet I believe its real cause to be irritation of the nervous structure of the brain, although it is very possible that we may have to act on the brain through the vascular system to remove such state. Neither the brain, nor any portion of the nervous system can bear compression in any shape, and we consequently find that any invasion upon its limits is always attended by some manifestation of its dislike of restraint. In the nerves, this is shown by neuralgic pains, &c. In the brain, generally by impairment of some of its functions, by headache, &c. This may be caused by the agency of any medium, either by the pressure of fluid, such as that from congestion of its vessels, or by the growth of bony or other tumors pressing upon any portion of its nervous substance. In these cases we find, if the compression is not carried too far, that the organ is only irritated; but unless the removal of this cause is possible, of course recovery must be hopeless. Any deposition in the cranium, such for instance as that arising from inflammation of any portion of the brain or its membranes, or that following injuries of the head, or the results of apoplexy, may cause such irritation of the brain as to induce insanity.

Having thus briefly stated the views which have led me to form this theory of the proximate cause of insanity, I shall not pursue the subject any farther, for although very much more might be written, I hardly think a more prolonged investigation of the theory in its present state, would materially assist in elucidating those facts by which it must, of course, ultimately stand or fall. I would, however, venture to hope, that it may, imperfect as it is, receive that candid consideration which a subject of such exceeding interest and importance deserves; and if it shall be the means of throwing any light upon so confessedly obscure a point, I shall be most amply gratified and repaid.

York, December 28, 1843.

EXTRAORDINARY CASE
OF
SEVERE ULCERATION OF BOTH LEGS.

By W. Whitcombe, Esq., of Presteigne.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Should you deem the following case worthy a place in the Provincial Medical Journal, I shall feel obliged by its insertion.

I am, Gentlemen,
Your obedient servant,
William Whitcombe, M.R.C.S.L.

Presteigne, Dec. 30, 1843.

1841, Jan. 19th. Visited M. A. W., aged fifty-two. She states that, thirty years since, she had an ulcer on the left leg, near the instep, which continued for several years; that she became, at length, pregnant with an illegitimate child; that, during pregnancy, the ulcer healed; that, after weaning, an ulcer spontaneously appeared on the right leg; that it continued several years, and eventually extended over the whole of the leg. Being an union patient, she was then removed to the poor-house, where the leg was amputated immediately below the knee. States that the stump healed soon, and this occurred about two years since. After the stump had healed she left the house, and came to reside at her present residence; and, shortly after, an ulcer again showed itself on the left leg (the one originally affected), Being afraid of being again removed by the parish officers, she has been unwilling to apply for medical or other assistance, having a small out-door allowance; but her neighbours had advised her to apply for an increase of that allowance on account of her infirmities. I was, therefore, requested to see her, since, though belonging to a parish in another union, she was a resident in a parish I attended.

Her present appearances are ulceration extended completely round the tibia and fibula; these bones entirely denuded of all integument or muscle to within two inches of the knee joint. The whole of the foot had come off at the ankle joint *six weeks previously*. She has hectic fever and diarrhœa; asked me if the leg could not be taken off below the knee; ordered brandy, and nourishing broths. In consequence of my applying to the board of guardians at their next meeting, the officers of the parish to which she belonged were communicated with, and they sent their own medical officer to visit her, who had her removed into the workhouse, a distance of twelve miles, where, as I afterwards heard, she gradually sunk, in about ten days.

From the fact of an ulcer of a scrofulous nature appearing, for a period of thirty years, upon one or other of the legs; and, after the age of forty-five years, when the menstrual discharge had ceased, becoming so extensive as to require amputation of the one extremity, I certainly felt at a loss for reasons justifying the removal of the remaining one.

As this case has been the only one I have met with of such an extensive nature, I have forwarded it to you for insertion.

CONGENITAL INGUINAL HERNIA.—OPERATION.

By Clement J. Hawkins, Esq.

Mr. J., aged twenty-six, sent for Mr. Whitmore November 1, 1832, late in the evening, complaining of pain in the bowels, &c.

A tumor, about the size of an egg, situate in the left groin, was discovered—tense and very painful on pressure. He had been sick, and felt slight pain in the bowels; no stool had passed since October 29. After giving some general directions, Mr. W. left him for the night, being in attendance on a dangerous midwifery case. On visiting him the next morning, Mr. W. found him vomiting, with an anxious countenance, and the usual symptoms of strangulated hernia. The warm bath, bleeding from the arm, and moderate use of the taxis, were tried, but the reduction of the hernia was not accomplished; neither testicle had descended into the scrotum.

He gave the following history of his case:—He had a rupture as long as he can remember, and about fifteen months since he had a similar attack to the present one, while residing in the country. He sent for a surgeon, who failed in giving him any relief; having dismissed this practitioner, Mr. J. sent for a noted "quack doctor." The case being attended with obstinate constipation, this empiric prescribed and administered a drastic purgative powder, which he called "golden dust," and after each dose he made the patient walk about the room. The rupture was reduced.

About twelve, a.m., Mr. Charles Fowler saw the patient with Mr. Whitmore, and having again endeavoured cautiously to reduce the hernia by the taxis ineffectually, the operation was proposed and consented to by the patient.

Nothing particular took place in its progress till the sac was opened, when an unusual quantity of dark brown fluid escaped; the contents were omentum and intestine; the stricture was divided, and the protruded parts returned into the cavity of the abdomen. This being done, the testicle was found lying in the sac, which at once demonstrated the true nature of the case; it was clearly one of congenital inguinal hernia. The wound was closed, and the man recovered without an untoward symptom manifesting itself.

I have been induced to forward this case to you, because I believe it to be one of unusually rare occurrence; cases of congenital hernia almost invariably descend into the scrotum. I have repeatedly witnessed the performance of operations under such circumstances. A case of congenital scrotal hernia, in which the testicle had not passed the external abdominal ring, was operated on successfully in the Cheltenham Hospital, by Mr. Eves. I consider it would not be justifiable to remove a testicle if healthy during the operation. (I was informed by this man that he was the father of two children, although neither testis had passed into the scrotum.) On the other hand, the presence of the testis must of course prevent the application of a truss, and thus the patient is constantly exposed to the dangers of strangulated hernia.

A REPORT
OF THE
IN AND OUT-DOOR-PATIENTS
ADMITTED INTO THE
MUTFORD AND LOTHINGLAND GENERAL DISPENSARY AND INFIRMARY.
(From August 26, 1841, to August 26, 1843.)

By W. C. Worthington,
Surgeon to the Lowestoft Infirmary, Fellow of the London Royal Medico-Chirurgical Society.

In a former Number of the Provincial Journal, containing a report of the Lowestoft Infirmary, one object in view was, to lay before the medical profession the advantages arising out of the local establishment of small hospitals. Soon after that report was published, letters were addressed to me from several professional brethren, requesting further information on the subject. I am therefore induced to publish another report. It perhaps may be remembered by persons interested in the establishment of such institutions, that those already founded in Lowestoft, and the adjacent towns of Beccles and Bungay, were brought forward in support of the practicability of the project. These still continue to prosper, through the liberality of the clergy and gentry around. The district being small, an annual report is scarcely required, as the number of cases are necessarily inconsiderable compared with those received into hospitals situated in more populous neighbourhoods. At the same time it is very desirable that either a biennial or triennial statement should be laid before the profession, which may be regarded as the most practical mode of exhibiting the value of these institutions. It was to be hoped that, ere this, some account would have appeared in the shape of a tabular arrangement of the cases treated at the Beccles and Bungay Dispensaries. The former town is situated ten miles to the west of Lowestoft, the latter sixteen in the same direction, each containing about 4,000 inhabitants.

Materials would thus be furnished from time to time, which might be made available in constructing a system of statistics, useful in showing the prevailing diseases.

The number of patients admitted amount to 730. Of these, 124 were in and 606 out-patients.

In-door Patients.

Abscesses, 5; lumbar abscesses, 2; apoplexy from hanging, 1; diseases of brain, 5; burns, 2; calculus urethræ, 1; calculi vesicæ, 2; cutaneous diseases, 4; contusions of the head and face, 5; disease of the joints, 14; disease of the digestive organs, 4; enteritis, 2; erysipelas, 1; inflammatory fever, 2; fistula in ano, 1; vesico-vaginal fistula, 1; fractures, 7; ganglia, 2; diseases of genital organs (female), 1; diseases of genital organs (male), 6; hæmatemesis, 2; hydrocele, 1; icterus, 1; injury of vertebræ, 4; injury of extremities, 8; laryngitis acutus, 1; ophthalmia, 4; polypus of the nose, 1; retention of urine, 5; rheumatism (acute), 3; syphilis, 1; stricture of urethra, 2; diseases of thoracic organs, 5; tumors, 2; ulcers, 8; diseases of uterus, 3; varicose veins of the leg, 3; brought in dying from exhaustion, 1.—Total, 124.

The deaths amounted to 9. The causes were as follows:—one from pneumonia of the left lung; one from

exhaustion. This poor man was found on the high road, and died soon after admission. Upon a post-mortem examination, no apparent morbid alteration of structure was detected. Death seemed to have arisen from inanition, and exposure to night air. One from brain disease. The patient, a plethoric young man, was brought into the infirmary in a state of insensibility, with loss of volition, and dilated pupils. Active depletion afforded no relief. On the following morning violent delirium came on, accompanied with convulsions of a most frightful character, which ended in death on the third day. The substance of the brain generally, together with its meninges, when examined, were perfectly healthy. The only appreciable cause of cerebral irritation was an elongated growth of one of the posterior clinoid processes, nearly to the extent of an inch, its point sharp, and growing into the base of the brain. (*Vide* Provincial Medical Journal, Vol. V., page 206.) One from fracture of the trochanter major, in an aged woman, three weeks after the accident. One from a severe burn; one from encephalitis; one from icterus; one from acute laryngitis, occurring in a man aged twenty, who died the morning after his admission. The disease was considered too far advanced to warrant any attempt at prolonging life by the operation of tracheotomy. The futility of such an attempt was corroborated by the appearances presented on the post-mortem examination, the larynx throughout being lined with adventitious membrane, commencing as high as the tonsils, and extending into the trachea beyond its bifurcation. One from retention of urine.

Out-door Patients.

Abscesses, 14; lumbar abscesses, 2; amenorrhœa, 27; asthma, 4; aphtha, 2; aphonia, 1; anasarca, 1; anæmia, 6; bronchitis, 34; burns, 3; diseased bursæ, 3; diseased bladder, 6; bronchocele, 1; carbuncle, 1; constipation, 6; cataract, 1; chlorosis, 9; crural phlebitis, 1; cynanche, 6; cutaneous diseases, 43; cephalalgia, 8; calculus vesicæ, 1; caries, 2; coletis, 1; malformation of chest, 1; cerebral disease, 5; conjunctivitis, 13; diarrhœa, 13; dyspepsia, 42; diseases of eye, 14; epistaxis, 1; erysipelas, 5; epilepsy, 3; enteritis, 3; exostosis of the lower jaw, 1; fistula lachrymalis, 1; typhus fever, 2; scarlet fever, 4; inflammatory fever, 33; diseases of genital organs (male), 2; diseases of genital organs (female), 2; injury of head, 3; harelip, 1; hydrocele, 1; hernia, 2; hydrothorax, 1; hydrocephalus, 1; diseases of heart, 8; hæmoptysis, 4; hysteria, 1; local inflammation, 12; jaundice, 6; injury of limbs, 26; diseases of joints, 10; diseases of kidneys, 5; diseases of liver, 13; lock-jaw, 1; diseases of mammæ, 2; menorrhagia, 2; neuralgia, 18; nævi, 4; onychia, 2; paronychia, 4; phthisis, 19; polypus nasi, 2; prolapsus ani, 3; pleuritis, 14; peritonitis, 2; paralysis, 4; pneumonia, 2; rheumatism, 20; sciatica, 7; syphilis, 5; scalds, 4; scrofula, 7; diseases of spine, 5; tabes mesenterica, 3; tumors, 3; tinea capitis, 18; diseases of uterine organs, 2; ulcers, 16; varix, 3; vermes, 12.—Total, 606.

The deaths amounted to 19, and were as follows:—One from disease of the liver; one from asthma; one from malformation of the chest; five from phthisis; one from hydrocephalus; one from diarrhœa; one from malignant disease of the hand; two from tabes mesenterica; two from enteritis; one from bronchitis; one from disease of the digestive organs; one from pleuritis; one from hip-joint disease.

The few following remarks may, perhaps, not prove unacceptable:—

In the treatment of tinea capitis, and some other cutaneous diseases, the ioduret of sulphur as an external application proved very valuable, many of the cases requiring not more than from three to six weeks to effect a cure, with no other aid than an occasional calomel purge. The hair was ordered to be cut close, and washed night and morning with soft soap and warm water. The ioduret of sulphur ointment was afterwards applied in the proportion of one scruple of the ioduret to six drachms of white cerate.

In several neuralgic diseases the Indian hemp was tried. As a therapeutic agent, it fell far short of the virtues ascribed to it by Dr. O'Shaughnessy. Some two or three cases, where its sedative influence was produced, much larger doses were required than recommended by Dr. O'S.

Belladonna, given in doses sufficient to produce dilatation of the pupils, proved a much more speedy and permanent remedy.

Many of the cases of conjunctivitis were treated on the plan recommended by Dr. Hocken, viz., the external application of the nitrate of silver in substance to the upper and lower lids. This mode is scarcely attended with any pain, and the rapidity with which it sometimes arrested the inflammatory affection was very striking, one application being generally sufficient, and it seldom required to be repeated a second or third time.

A case of paraphymosis of three days' standing, occurring in a lad sixteen years of age, was, after other means had failed, successfully treated by a persevering process of manipulating the glans penis. The engorged vessels became thus gradually emptied, thereby rendering the replacement of the prepuce easy.

In some few cases of phthisis, naphtha seemed to afford relief, and for a time gave a check to the progress of the disease. The approach of cold, however, or atmospheric change, seldom failed to bring back the symptoms.

Naphtha, when combined with squills and senega, administered in chronic bronchitis, was found eminently useful. It may be here remarked that, amongst the various remedies which of late have been introduced to the notice of practitioners for the cure of phthisis pulmonalis, none has proved more successful than the chloride of sodium. The dose was ten grains three times a-day, in milk, gradually augmenting it to two drachms. In the course of six or eight weeks the general health improved, the cough, expectoration, and other distressing symptoms, disappearing.

A lad, aged twelve, presented himself with fracture of the neck of the scapula, which had been treated for dislocation. Three months had elapsed since the accident occurred. The shoulder had, in a great degree, lost its rotundity, and pain was experienced upon any attempt at moving the arm. Three weeks after admission the pain increased, accompanied with fulness and tenderness, which terminated in abscess. Two openings were the result, one situated near the axilla, at its posterior part; the other higher up, corresponding to the spine of the scapula, within two

inches of its neck. A probe could be made to enter each sinus, discovering the bone to be carious. During the progress of these symptoms the general health at times materially suffered. The patient still remains under treatment. A question arises how far it may be expedient eventually to remove the head of the scapula by excision.

Varix of the leg has been successfully treated by means of needles and suture, a plan recommended by Mr. Liston in preference to any other. Previous to the operation the patients were briskly purged, and rest strictly enjoined for several days. These means rarely failed of reducing the swelling and inflammatory irritation of the affected limb. With these precautions, no phlebitis has been known to follow the operation.

It is scarcely necessary, in this report, to describe a very uncommon and interesting case of stricture of the trachea, as a detailed account, accompanied by a well-executed plate, is published in the twenty-fifth volume of the "Medico-Chirurgical Transactions." It may be worthy of notice, that in a letter received from my friend Dr. Copland, he remarks, "The case of stricture of trachea, independant of false membrane, and of the pressure of tumor, &c., is quite unique. I have never seen nor heard of such a case. I can find none resembling it in any of my references on tracheal disease."

TREATMENT OF BUNION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Can any of your innumerable correspondents tell a country parson how to cure that most troublesome disfiguration of the foot, called a bunion? —or can you direct me to any eminent person whom I can apply to?

I have read all the medical works within my reach, from the most ponderous dictionary, downwards; but the result of my search has been anything but satisfactory. Some call it a "subluxation" of the great toe outwards; others say that there is a "bursa" formed on the joint; all of them have something learned to say; but, unluckily, hard words are but poor plaisters; and not one of them, that I have met with, gives any satisfactory plan of treatment. It is caused, they say, by tight shoes; and the patient must leave them off, and wear proper ones. But still it occurs to me, that when a bunion is once formed, something more is necessary to remove it.

One of my daughters, a promising girl of thirteen, came home from school last month, and brought this troublesome complaint with her; and the great toe, meeting, as I suppose, with a broken chilblain on the one next to it, has fretted it into a sore; for the great toe is driven outwards, and goes completely under its neighbour. My wife, of course, sent for our medical friend, who examined it, and touched it, and looked very wise; and then told me that she had been wearing tight shoes, and must now wear loose ones. However, I told him that I had learned all that before from Dr. Buchan (nay, I told him I knew all about the "subluxation" and the "bursa" too, which he did not seem to relish); and asked him what could be done to keep the unruly member in its own place; whereupon he proposed some strips of plaister, which were put on very curiously, and looked very neat, but, unluckily, did no good at all.

Seeing that this gentleman was discomfited, and that he did not seem to like the job, I determined to take the case into my own hands; and being of a mechanical turn, I thought I would contrive something that would answer my purpose. So I got a thinnish plate of brass, thin enough to bend easily, cut it accurately to the shape of the fore part of the foot, then bored holes corresponding to the intervals between the toes, and tied them down, each in its proper place, with narrow tape.

This I thought a masterpiece of ingenuity; but it became uncomfortable after a day or two, and then my wife hit upon a contrivance which, up to the present time, has answered admirably. She first of all puts on the patient's foot a stocking much too wide; this she pinches in between the first three or four toes, and sews it up between each, so that it resembles a glove with the fingers sewn together, each toe, of course, being in a separate cell; and lastly, she stitches on to the bottom of the stocking so prepared a stout piece of card board, cut to the shape of the front part of the foot. By this plan, the great toe is kept from intruding on its neighbour, and the patient can walk more comfortably than she has done for a long time.

The lawyers, Gentlemen, have a proverb:—*de minimis non curat lex.* I sometimes feel inclined to apply the maxim to another of the "three black graces," namely, medicine; for really, there are a great many lesser ailments which are troublesome to a degree, and the subject of my letter is one of them—but yet, if you ask some of the first members of the faculty, they are quite at a nonplus, although they would cut your leg off to a nicety. Our surgeon is an example; and in despair, I appeal to the numerous readers of your invaluable periodical. Mr. —— brings it over to me every week—(let me, by the way, express my warm commendations of your recent excellent articles)—and I hope that you will indulge me by letting this letter find room in its columns.

I am, Gentlemen,
Your humble servant, and constant reader,
A Country Vicar.

——, Lincolnshire, Jan. 10, 1844.

ON THE POSSIBILITY OF INTERRING LIVING PERSONS AS DEAD,

WHO ARE CONSCIOUS OF THEIR SITUATION.

By Robert Druitt, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—A remark which you made in the last number of your valuable Journal, on the possibility of interring living persons as dead, has brought to my recollection a few observations which I put together some time since, whilst studying the phenomena which are exhibited by the mind immediately before death. They have no great value; but perhaps you will give them a place in your columns.

It is well known that there is a remarkable difference in the influence which mortal diseases have in disturbing the operations of the mind. In some diseases, death is almost invariably preceded by stupor and insensibility, whilst in others the mental faculties are perfect, and the senses often acute to the last; and the patients may, till they are interrupted by death itself, continue giving rational directions for the relief of coldness or other bodily sensations.

That this diversity can be traced to different conditions of the nervous system, is too well known to need any comment. In some cases this is disabled by structural injury, or oppressed with imperfectly oxygenated blood; in others it remains entire in its structure, and is supplied with arterial blood as long the heart continues to beat at all. In the former class of cases death is said to commence at the brain, and the heart continues to beat for some minutes after the breathing has ceased. In the latter class the heart declines its duties before the brain, and the breathing ceases with it. The former class includes *death by coma* and by *apnœa;* the latter, *death by syncope.*

The question has been raised whether, in some cases of the latter class, which are inevitably mortal, a degree of sensibility and consciousness may not remain for a short period after the heart has finally ceased to beat;—and whether the same may not be the case in some instances of exhaustion, in which the body lies, breathless, pulseless, and apparently lifeless, but yet capable of restoration by the judicious application of stimulants.

Now, it by no means follows that the mind is incapable of receiving impressions from without, because the body, through weakness, is incapable of exhibiting any signs of such sensibility. Neither does it follow that reflection and consciousness are extinct, even when the bodily organs of sense have become incapable of receiving any external impressions whatever. The following cases will render the truth of these remarks evident:—

A gentleman, who was most severely affected with cholera in India, told me that when the disease gained the complete mastery over him, he lay utterly deprived of speech and motion, whilst he could hear his attendants, who conceived him to be insensible, speculate on the time of his decease, which they judged to be very near at hand.

He then became blind and deaf; but although thus cut off from communication with the external world, and in common language *insensible,* he still retained his consciousness and self-possession, and reflected on his apparently inevitable death.

Afterwards he lost all thought and consciousness, and remained thus on the very threshold of death for some hours; his recovery being an instance of the capriciousness of this terrible disease, which so often set all medical calculation at defiance.

This, then, appears to be an example of the order in which the mental operations cease, in cases of death from slow bodily exhaustion, or from causes not immediately implicating the nervous system.

The reverse appears also to be the order of recovery, in cases of restoration from apparent death.

The son of Madame L——, a milliner in Regent-street, had the small-pox in his sixth year, and was pronounced dead, and put into a coffin. After some hours he became conscious, heard the voice of his mother, who sat by the coffin, and essayed to speak, but, as he afterwards said, was unable to make any movement or sound. At last, however, his mother's attention was drawn to an apparent change in the features; she watched him narrowly, perceived the lips to quiver, and soon he was able faintly to articulate a wish for wine.

For my own part, I believe not only in the possibility of the hasty interment of living persons as dead, but also in the possibility of its being done in some very rare cases, whilst the unhappy victim is conscious of it. And I think the two brief anecdotes narrated above afford some reasonable probability to the opinion. We are too prone to reject altogether things that are both improbable and infrequent, without giving due weight to the possibility of their occurring, however seldom. I can bring forward instances of persons reputed to be dead by the ignorant bystanders, but restored by persevering measures, which were adopted perhaps against their will; and every practitioner can, as you observe, no doubt do the same.

At all events, we may derive from the history of these occurrences, not merely an addition to the catalogue of horrors, nor food for fruitless speculation. It is not like the question on which so much German ink has been expended, whether the head of a man continues to hear, see, and understand, when severed from the trunk,—a question which, if answered affirmatively, would be of little value, unless means could be found to unite them again. But we may learn a lesson of common-place, every-day humanity. In cases of death from hæmorrhage, from privation, from cold, from confinement in irrespirable air, or drowning, in the case of infants overlaid, or suffocated by false croup, or the hooping cough — let not our efforts to restore life by transfusion of blood, by galvanism, by friction and warmth to the surface, by cool air, and the affusion of cold water on the chest, and by whatever other measures may seem applicable to each individual case—be too hastily abandoned in despair.

Whoever has read the history of the poor girl (quoted by Dr. Guy from Louis), who imprudently walked a long distance the day after her confinement, and having fainted repeatedly afterwards, was laid out as dead, and carried to the dissecting-room; and next morning (groans having been heard during the night), was found really dead, but half disentangled from the winding sheet;—or the history of the man drowned at Havre, who was restored to life by the exertions of Dr. Douglas (whose persevering humanity well deserves to be recorded), continued, almost against hope, for eight hours, but successful at last—will agree that lives may be saved by care, and lost by neglect, at the time when life is, as it were, at the very point of departure.

I am, Gentlemen,
Your obedient servant, and constant reader,
ROBERT DRUITT.

6, Bruton-street, Berkeley-square, London,
Jan. 15, 1844.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JANUARY 20, 1844.

As the session of Parliament is now so rapidly approaching, it becomes our duty to remind our readers that, amid the important matters likely to meet with consideration, there is already a notice on the journals of the House of Commons which intimately concerns the welfare of many members of the medical profession. We allude to the notice give by Lord Ashley, on the 20th of July last, of a motion for the appointment of a select committee of the House in the present session "to inquire whether the seventh resolution of the Report of the Committee on the Poor-laws in August, 1838, has been carried into effect, and also into the whole mode and extent of administering medical relief to the poor." It is fortunate that at this juncture, when so much depends upon a settlement of this question on grounds, not of mere temporary expediency or state policy, but on those of benevolence and equity, a nobleman, whose character for intellectual and moral worth stands so high in public estimation, should have interested himself in it. It would be an unpardonable dereliction of those principles of humanity by which we believe our profession, as a body, to be actuated, were not every effort made to strengthen the hands of Lord Ashley by supplying him with every information as to the inefficiency and miserable injustice of the existing arrangements.

Now, although we are fully persuaded that a representation of the very inadequate compensation afforded to the union medical officers, for the skill, labor, time, and funds which they devote to the discharge of the duties of their office, would have its effect, it ought to be shown that we have higher and more disinterested grounds for requiring an alteration in the present mode of administering public medical relief to the sick poor. We know that it has been stated, and that by a gentleman whom we believe to be in earnest in his endeavours to obtain, as a boon to his professional brethren, an increase of remuneration for their services, that "in England the great remedy for the removal and cure of all evil is money," and that this is "the only thing wanting to obtain for the poor efficient medical relief." But though we have a great respect for Mr. Guthrie, and think that he deserves the gratitude of the profession for his efforts in this cause, we cannot agree with him in the preceding sentiment, nor is it the ground on which we should be desirous to go before Lord Ashley on a committee of the House of Commons. So far, therefore, from endeavouring to strengthen the hands of the poor-law commissioners with a view of their raising the remuneration of the union medical officers, or investing them with specific powers to fix and adjust the remuneration, as has been recommended, we feel convinced that neither the sick poor nor their medical attendants will have justice done them until the whole department of the administration of medical relief is removed from the control of poor-law authorities, and vested in a board composed in part at least of medical officers, and competent to decide on the numerous sanitary questions which must, from time to time, come under notice.

If we look to the past management of poor-law medical relief, it will be sufficiently evident that we have no security that the future measures of the commissioners will be either more wise, more humane, or more just, than heretofore. The few and imperfect concessions which have been lately made to the claims of the suffering poor, and to the demands of the medical profession, were deferred until they had lost much of their value, and their grace. Even in the medical order of last year, the commissioners persisted in a recognition of the contract system; and in attempting to reduce the extent of medical districts, they adopted a regulation, which it had been previously shown would be either useless or impracticable, and which, as they are now obliged to confess, cannot be carried into execution in many places. Moreover, as we had occasion to remark in one of our late numbers, they went out of their way to define the legal qualifications of certain classes of medical practitioners, and attempted to insist on the possession of a special surgical diploma in their medical officers, a course which they have been compelled, through the interference of the Home Secretary, backed by the opinion of the legal advisers of the Crown, publicly to abandon, as contrary to law, notwithstanding that in two successive annual reports they had defended their opinion. Do we accuse the poor-law commissioners of intentional mal-administration of the department of the public service committed to their hands? Certainly not. We are willing to give them credit for uprightness of intention, and a desire to check the operation of certain moral causes, which tend strongly to foster a spirit of dependance on the means of public relief in the working classes, and to promote pauperism. But we think they have been all along misled by a want of sufficient practical knowledge in the working of the evils with which they have had to contend, and by the consideration that it was their especial province, at all hazards, to diminish the amount of charge on the parochial funds; while for the management of that department of this system, which refers to the providing of efficient medical relief, the board constituted as it was at first, and still is, cannot be otherwise than incompetent.

We repeat, it must be clear to every one who takes the trouble to review the past administration of medi-

cal relief both in England and Ireland, as well as the operation of the Vaccination Act, that the poor-law commissioners have manifested the most profound ignorance of the condition of the medical profession, the motives of its members, the nature of its duties, and the extent of its responsibilities.

That such should have been the case, is no other than what was to be expected. The heads of a department for supplying medical attendance to the poor ought to be thoroughly acquainted with the condition and polity of the medical profession in all parts of the kingdom—to be well informed in matters relating to the public health—to know something of the laws of the animal economy, and the principles of medical science and practice—to be free from prejudice against any class of the community, whether professional men or paupers—and to be unfettered by an official bias towards either parsimony in public expenditure, or any particular system of political economy.

These being the requisite qualifications for superintending the administration of medical relief, it must be obvious that the poor-law commissioners were and are, both officially and personally, unfit for this section of their duties. Their theoretical incompetence has been practically demonstrated. It is, therefore, not unreasonable to view with suspicion and alarm their gradual encroachment on the province of medical police. The report of their secretary, Mr. Chadwick, on the sanitary condition of the laboring population, contains a clearly implied recommendation that the commissioners and guardians should be empowered to appoint all those medical practitioners who are to be employed for sanitary objects. That the construction of some system for the due regulation of sanitary questions is required, we cannot doubt; but that the entire working of such system should be placed under the control of and directed by poor-law commissioners and boards of guardians, on poor-law principles, and that the public health is to be protected solely by persons more or less dependant on these authorities, are really monstrous propositions.

What security will there then exist against poor-law abuses? Will the want of necessary food or defective nutrition be *fairly* reckoned among the causes of fever, dysentery, and death? Will the sanitary officers dare to report upon the deteriorating effects of the union dietaries on the health and strength of the inmates of the workhouses?—or, if they do so, will they make the report with impunity, and will such report be given to the public? Although the mischiefs resulting from the interment of the dead in localities crowded with the living, local sources of malaria, and the want of drainage, pure water, and fresh air, will figure prominently, and very properly so, in the medical reports, how often will starvation appear? Yet it is a lamentable fact that the amount of disease, and the number of deaths arising from an insufficient supply of food, have of late years greatly increased.

Now, to apply these remarks to the present emergency, we would observe, that unless the members of the medical profession are prepared to submit themselves, more than they have ever yet done, to the despotic and degrading control of the poor-law commissioner, they will beware of seeking to strengthen the hands of the commission for any purposes whatever. The bait held out of increased remuneration may be a tempting one to some; but are they sure of getting more than the bait, and, if swallowed, may not the hook on which it is concealed be left to rankle with it? Lord Ashley's high character, and unwearied exertions on other occasions in the cause of humanity, may assure us that his main object in coming forward on this occasion is to promote *the welfare of the sick poor*. Let the medical profession take the same ground, and, while they may well point out that unless there is adequate remuneration for the amount of duties required, such duties cannot be well and efficiently performed, they may also show that other and higher objects actuate them, the attainment of which will necessarily place the management of all public medical concerns in the hands of those who are alone competent, by education, practical knowledge, and acquirements, to undertake it.

We shall conclude these observations by submitting, to those who take an interest in the question, the following form of petition, and recommending its adoption for presentation in the House of Commons early in the session:—

The Petition of the undersigned [Physicians and Surgeons, or Members of the Provincial Medical and Surgical Association], *residing in* ———,

Humbly Sheweth,—

That the present supply of medical relief to the sick poor is inadequate to their necessities; that the method of its administration is defective and erroneous, and that the operation of the whole system is partial and inefficient.

That it is highly desirable that this department of national charity, in connection with all public measures for improving the sanitary condition of the laboring population, should be placed under the superintendence of authorities distinct from, and not dependant on, the poor-law commissioners.

That your petitioners observed, with great satisfaction, that, on the 26th of July last, the Right Hon. Lord Ashley gave notice of a motion for the appointment of a select committee of your Honorable House, in the present session, to "inquire whether the seventh resolution of the Report of the Committee on the Poor-laws in August, 1838, has been carried into effect, and also into *the whole mode and extent of administering medical relief to the poor*."

Your petitioners, therefore, pray that such a committee may be appointed, and that members of the

medical profession may thus be afforded an opportunity of substantiating the allegations and showing the necessity of an improved system.

And your petitioners, &c. &c.

REVIEWS.

The Vital Statistics of Sheffield. By G. Calvert Holland, M.D., Physician Extraordinary to the Sheffield General Infirmary, &c. &c. London: 1843. pp. 264.

The volume before us contains a minute inquiry into almost every conceivable circumstance connected with the town of Sheffield and the condition of its inhabitants. The position of the town, the hills and rivers around it, the men of genius who drew their first breath in its precincts, the natural history and physical peculiarities of its neighbourhood, the population and rate of increase, the streets and highways, the trades and manufactures, the savings banks, churches, and schools,—everything, in short, which concerns the wealth and health, the intelligence and morality, the convenience and the pleasure of the inhabitants, has received a full investigation at Dr. Holland's hands.

The time and trouble devoted to this bevevolent task must have been immense. "Persons," says the author, "who are not familiar with the labor of statistical researches can form no idea of the difficulties and embarrassing circumstances which are constantly liable to arrest or retard the progress of them." Ignorance and prejudice are perpetually throwing obstacles in the way of investigations, "and it was imagined," says Dr. Holland, "by some of the persons interrogated, that some deep government scheme lay concealed beneath the questions proposed." As to our opinion of the results of his labors, we will only state our wish that the vital statistics of every large town in the empire might meet with an equally zealous expositor.

We will now lay before our readers a brief account of some few of those portions of Dr. Holland's work which may be most interesting. "The manufactures of the town, he remarks,

"Can be carried on with advantage with a small capital; hence the numerous small masters in every branch, and the consequent competition. This circumstance is not without its beneficial effects. The absence of a few large fortunes is more than compensated by the much greater proportion of the middle classes, and the higher condition of the artizans, than in districts where the few are the monopolisers of wealth. The influence of this circumstance is observed, in a marked degree, in the character of the cottage accommodation in this town. Here families are not crowded into one house, as in Manchester, Liverpool, Bolton, Stockport, and Rochdale; but each has generally an independent or entire dwelling; nor are the houses so constructed that the only ingress to them is a narrow alley, or a confined cul-de-sac. They either front streets or open into moderately spacious yards."—p. 69.

The contrast between the effects of many small masters, with handicraft workmen, and few gigantic capitalists, with machinery, is, according to Dr. Holland, greatly in favor of the former, as regards the social welfare of the workpeople.

"The condition of the inhabitants of a town may with considerable accuracy be inferred from the proportion of individuals to each house. The more wretched the population, the greater the proportion; each room being frequently occupied with a single family." In the United Kingdom the average number is five. Now in Liverpool there are nearly seven persons to each house, in Manchester about six, and in Sheffield about five. The nature of the accommodation for the poorer classes in Sheffield is also on a far superior scale. The artizans usually have an entire house to themselves, containing three rooms and a half-cellar; and fortunately that disgrace of modern times, an *inhabited cellar*, is quite unknown. In Liverpool there are no less than 7,862 of these hotbeds of disease and profligacy.

One of the most entertaining chapters in Dr. Holland's work is entitled an "Inquiry into the Causes of Unoccupied Houses." He observes that when men want to assign a cause for any circumstance, they always eagerly seize on any coincidence, and press it into their service as an unanswerable argument. Thus it is true that there are numerous houses untenanted, and it is also true that there is severe commercial distress; and it has been argued that the distress is the cause of the non-occupation of the houses; nay, further, that the number of houses untenanted is a measure of the existing distress.

Dr. Holland shows, however, very triumphantly that this specious argument is altogether without foundation. An immense number of houses are built, far more than is needed for any actual surplus population, or for any increase that can reasonably be expected within a considerable series of years, but solely from an insane and unprincipled spirit of speculation. In Sheffield, notwithstanding the vast increase of population from 1831 to 1841, viz., from 91,692 to 110,891, the number of houses increased in far greater proportion, viz., from 19,245 to 25,976. In 1831 there were 18,331 *inhabited* houses; in 1841, 22,753. At the former period there were only 914 *unoccupied* houses; at the latter 3,223. From these figures it may be seen how unfounded is the assumption that the untenanted houses are the effect of severe distress—of the crowding many families into one house who once occupied independent dwellings. For although the number of unoccupied houses has increased in ten years from 914 to 3,223, yet the average number of inhabitants to each house is now only 4·87, whereas at the former period it was 5.

The fact being that a vast number of the unoccupied houses were never tenanted at all.

This statement will enable our readers to see the use which Dr. Holland makes of his figures, and the deductions which he draws from them.

The following extract, showing some of the tricks of the house-building speculators, is amusing enough. We may be sure that there is very little dancing on the first floor:—

"The joists on which the floors rest have only half the substance that is put into common houses, and is so constructed as to give the appearance of stability. The joists employed by the respectable builder are three inches thick, but the elaborate calculator of expense makes these into two, by sawing them in a diagonal direction, presenting to the observer who looks from below a piece of timber two inches thick, when on the upper surface it is only one inch. The same refined study to save material runs throughout the whole calculations."—p. 57.

Dr. Holland does not participate in the views of those who imagine society to be in a progressive state of degeneration. He believes that the population, or, to use his conventional term, the *masses*, are gradually improving in order, sobriety, and morality; that they are less disposed to lawless and violent proceedings, and more open to reason. He gathers a confirmation of this opinion from the average amount of weekly payments to casual poor.

"The commercial distress," he observes, "almost unprecedented in degree, under which we are suffering, began in 1836, not by imperceptible changes, but by a fearful panic, involving extensive embarrassments, and from this time to the present moment the manufacturers have had to struggle against an uninterrupted series of difficulties. The diminution in the demand for labor was sudden, and at once felt by the artizans in almost every branch, and yet such were their independence, and the resources they had to fall back upon, that they were years before the pressure of their necessities was felt by the parish. After four years of suffering, the average weekly payments were only £50. The value of this fact can be fully appreciated only by those who have been intimately acquainted with the long and widely pervading wretchedness of the town. In former times, the rate payers who have felt the pleasure much earlier."—p. 37.

In 1837, the weekly average was only £13 15s.; in 1840, £50; but in 1841, £140, and in the succeeding year between £400 and £500.

Connected with this subject is a comparison of the payments under the old and the new poor-laws.

In 1820 the population was 40,922; the amount of poor-rates collected, £34,109; the rate, 6s. 8d. in the pound on the rental; the sum paid to the casual poor in thirteen weeks, £11,406.

In 1841 the population was 69,587; the amount of poor-rate collected in 1842, £40,000; the rate, 4s. 8d. in the pound; the sum paid to casual poor (in 1841) during 31 corresponding weeks, £12,317.

The cause of this comparative diminution in the rates is not to be found altogether, says Dr. Holland, in the stricter economy and better management of the funds (may we add occasional parsimony?) which prevail under the new law, but in another circumstance,—

"Which has co-operated with it, and to an extent much greater than is imagined by the public, viz., the accumulated resources of many branches of trade in union. It is not our business, on this occasion, to point out the beneficial or injurious effects of combinations; at the same time, it would be manifestly unjust to withhold facts. The funds of these branches are for the purpose of maintaining what they conceive to be remunerative wages. This is an object common to all. Another object, belonging to several, whose union is thoroughly established and in perfect operation, is to relieve their own workmen out of employment."—p. 45.

No thoughtful person can doubt that these combinations possess much power for good or for evil.

We must now pass on to the chapter on the Physical Condition of the Population, and here we are presented with a cheering fact:—

"It is often alleged," says Dr. Holland, "by the manufacturers, that the artizans in the best paid branches are the most dissipated, reckless, and improvident, and their families in the least comfortable circumstances. The whole of our inquiries establish the contrary. The best paid are always the last to apply to the parish, and, in a protracted period of distress, a less proportion, according to their numbers, are always found recipients of charity."—p. 114.

This chapter contains some valuable observations on the defects of the present system of registration. The author observes, that in order to determine the effects of poverty and riches on the increase and welfare of mankind, or the reverse, it is necessary to discriminate accurately to which class in society the births and deaths belong. As evidence of the importance of such information, we may remark, that the deaths in the three classes—the *upper*, the *middle*, and the *lower*—are given for the borough of Leeds, and the following are the results in relation to each, exhibiting an astounding difference in the value of life:—

	"Mean Age of Death.
Of the upper classes	44
,, middle ,, ...	27
,, lower ,, ...	19"

"Such is the difference in the mean age of all who die in these classes, and which will illustrate the force of our remarks respecting the advantage, indeed, the necessity of such information, in treating of the subject of mortality in reference to the influence of local as well as general circumstances. The three classes, though intimately associated, are not so bound together that an aggravation in the sufferings of the one—for example, the lower classes—will be accompanied with a change in the others, affecting, to a corresponding extent, the duration of life. On the

contrary, it is not only possible but probable, that when the mortality is the greatest in the lower classes, from long continued distress, it may be the least in the two other classes. The scarcity of money, and the consequent economy which is put in practice, by parties who have a command of the luxuries of life tends, by correcting excesses and sensual indulgencies, to diminish the rate of mortality; thus the gross returns upon the three classes will convey no exact knowledge of the condition of each. We may be deceived by them into the belief that society is gradually improving in its physical and social condition, when indeed the most numerous class may be stationary, or in the process of deterioration.

The required information on this subject would be furnished without any additional expense, and with very little trouble to those engaged in the practical duties of registration. Every registration district is divided into minor districts, in each of which the person employed records the births and deaths, and an extra column would enable him to state whether the birth or the death belonged to the *higher*, the *middle*, or the *lower* classes. All that is necessary, as a preparatory step, is to define clearly the condition of the individuals so classified, which would certainly be no difficult matter. We strongly urge the importance of these remarks, and hope they will induce those on whom the superintendence of the registration depends, if not in the highest quarters, at least in manufacturing districts, where the population is subject to serious vicissitudes in the demand for labor, to furnish this additional information." —p. 128.

In connection with this subject, Dr. Holland asserts his belief that whilst the middle and upper classes, from the possession of greater comfort, and from less grossness of dissipation, are improving in health and longevity, the suffering and mortality of the working classes are greater now than formerly; and that this should be evident enough, if the mortality in the latter classes were studied in reference to them alone, and not in connection with the entire population.

During five years' registration "one death is stated to arise from *want of food*. The observation of any medical practitioner must be very limited indeed," says Dr. Holland, "that has not led him to the conclusion that the deaths of hundreds in this town are to be traced to a deficiency of the necessaries of life."

The rate of mortality at Sheffield may be seen from the following tables:—

"*Deaths of Children under Five Years of Age, and of the Aged above Seventy, out of* 1,000 *Deaths at all Ages, in the subjoined Places or Districts.*

	Under 5.	Above 70.
Manchester and Salford	517	58
Sheffield	506	71
Leeds	504	74
Liverpool and West Derby	480	63
Birmingham	453	80
Metropolis	401	103
England and Wales	393	143
Yorkshire, northern part, and Durham	322	206

"The deaths under five years exhibit smaller proportions, with respect to the dense population, than would be observed were not the deaths at other ages proportionably enlarged by immigration of other persons from the agricultural districts. The same circumstances will, in a minor degree, affect the deaths above seventy."

In a mean of five years, the births in Sheffield were annually 1 to 24·2, the deaths 1 to 35·9 of the whole population.

From the physical we pass to the moral condition of the population. This in manufacturing towns (it would be more correct to say in all large towns, whether manufacturing or not) is anything but satisfactory, which is to be accounted for partly by the crowding of the population into narrow spaces—partly by the extreme fluctuations in trade, and consequent alternation of extreme dissipation, with wretched indigence amongst the operatives—partly by the early age at which children are employed, which of course put an end to their education and moral training—partly to the employment of girls and women in manufactories.

Dr. Holland speaks forcibly of the "want of a comprehensive system of education and of judicious restrictions on the employment of the young" as means for remedying some of these evils. "Let the masses have light," he observes, "otherwise they will become fearful elements of discord. So imperative is this necessity—so urgent are the demands of the times—that it becomes us to waive the absorbing importance attached to doctrinal distinctions—distinctions dividing man from his fellow man, and to unite as if we felt a common interest in the improvement of mankind. Let us not urge in bitterness the severity of exclusive sentiments, but endeavour, in the largeness of a liberal spirit, to elevate the intellectual and moral condition of the people, impressed with this conviction, that, if our peculiar views alone be right, the field on which we wish to exhibit them will not be narrowed by the more general diffusion of information." We are marvellously unanimous, he continues, when it is proposed to reduce the claims of the poor, or to build and enlarge prisons; "yet, when it is proposed to educate the poor, we are at once in arms, afraid that they will be enlightened and made good according to an established system, when the great truths of this system are the common truths on which all believers rest."

Dr. Holland exhibits no lack of what is called liberality; we wish the fervid schismatics who opposed the late government scheme of education could have profited by the literal application of his remarks.

We are sorry to find that crime is on the increase in Sheffield, and in a much greater ratio than the population. In 1835 the population was 64,569; the committals 205. In 1839 the population was 68,408; the

committals 297. Thus, whilst the population had increased 6 per cent., crime increased 46 per cent., or (allowing for the increased population), at least, 38 per cent.

But here follows an illustration of the uncertainties that beset the science of statistics at every step. The committals, which were 297 in 1839, sunk to 133 in 1840, to 110 in 1841; hence any commentator, ignorant of the whole circumstances of the case, might have predicted an improvement in the public morals; and a politician might have used the supposed fact in support of any coincident change of policy whatever. Mr. Alderman Bull, the Tory, might have been mayor in 1839; Mr. Alderman Scaly, the Whig, ruled perhaps, in 1840; and J. Growler, Esq., the Chartist, may have succeeded to the dignity in 1841; and here would have been a numerical estimate of the moral advantages of liberal politics. But, alas! says Dr. Holland, this *decrease* in figures is rather a measure of an *increase* in crime. The prisons are full already; they can admit no more felons. Hence, crimes that otherwise would be punished by imprisonment, are obliged to be more lightly dealt with.

We must pass rapidly over the remaining portion of Dr. Holland's work, in which he treats of the different branches of trade pursued in Sheffield. He gives the result of a most searching investigation into each. He states the number of individuals employed; the proportion of boys and adults; their remuneration; the average duration of life and mortality; their diseases; their education, and providence or improvidence of habit; and, in fact, every other circumstance which can possibly be included under the title of *vital statistics*. We must content ourselves with a few allusions to the *fork-grinders*, whose diseases have been treated of in this Journal, by more than one correspondent.

How clearly does the following extract show the infallible connection of ignorance, unhealthy trade, low wages, with immorality, disease, and early death:—

"The more destructive the nature of these trades, and the lower is the rate of wages, and the more precarious is the employment. The ignorance of the artizans is somewhat proportionate to the baneful tendency of the pursuit, and it is this ignorance and its necessarily associated evils—dissipation, idleness, and immorality—which account for what otherwise would be a paradox, that the remuneration and the steadiness of employment diminish in the ratio of the increase in the aggravated tendency of the occupation. This conclusion is deduced from elaborate investigations into various branches of manufacture."—p. 192.

"In 1,000 deaths of persons above twenty years of age, the proportion between twenty and twenty-nine years, in England and Wales, is annually 160. In Sheffield 184; but among the fork-grinders the proportion is the appalling number 475; so that between these two periods, three in this trade die to one in the kingdom generally.

"Between the ages of thirty and thirty-nine, a still greater disparity presents itself. In the kingdom, 136 only in the 1,000 die annually between those two periods. In Sheffield 164; but in the fork-grinders' branch 410; so that between twenty and forty years of age, in this trade, 885 perish out of the 1,000; while in the kingdom at large only 296. Another step in the analysis, and we perceive that between forty and forty-nine, in the kingdom, 126 die, in this town 155, and in this branch 115, which completes the 1,000. They are all killed off. For in carrying forward the inquiry we observe that, between fifty and fifty-nine in the kingdom, 127 die; and in Sheffield 155; but among the fork-grinders there is not a single individual left. After this period of life there are remaining in the kingdom, of the 1,000, 441; and in the town 339; but none in this branch of manufacture."—p. 198.

"A high rate of mortality might, with considerable accuracy be inferred from the proportion of minors in the branch to adults. This trade had in 1820, 80 adult workmen, and in 1841, 97; and yet it is evident, from the number and ages of the boys given, that, in the course of a few years, there is an immense influx of hands into the branch—an influx not observed in the extension of it, *simply because they are killed off in a ratio somewhat proportionate to the increase.* If the workmen died only in the ratio of those in other branches, the numbers in this particular manufacture would be doubled every four years. Though the numbers are thus rapidly reduced, the proportion of minors to adults is nevertheless too great to secure comfort and independence to those engaged in it. The increase of hands exceeds the demands of the market, and, as a natural consequence, the workmen are unable to maintain steady and remunerative wages."—p. 199.

Our readers will not have failed to perceive, from the tone of our remarks, that we consider Dr. Holland's work well worthy of their attentive perusal.

Thermal Comfort; or, Popular Hints for Preservation from Colds, Coughs, and Consumption. By Sir George Lefevre, M.D., Fellow of the Royal College of Physicians, &c. &c. Second Edition. London: Churchill, 1844. 18mo. pp. 68.

Notwithstanding that this, the second, edition of the little work before us is, as we are told, *greatly* enlarged, it is still a small book. The author has evidently had the maxim "a great book, a great evil," strong in recollection when putting his thoughts into an intelligible shape. The example is both a good one and necessary, and the effect of it exceedingly grateful to those who are often obliged to wade through pages and chapters of verbiage before the essential meaning—the two grains of wheat from among the bushel of chaff—can be extracted. Sir George Lefevre is a warm advocate for protection of the person from cold in every shape, and deprecates the chill atmosphere of our halls, passages, and sleeping

apartments as much as incautious exposure without the house. His thermal comfort consists, therefore, in keeping up a due degree of warmth not only in the usual sitting apartments, but throughout the whole establishment. and at the same time clothing the person sufficiently to guard against the inclemencies of the weather whenever occupation, pleasure, or the necessity for exercise requires exposure to them. He maintains that the only safe and effectual way of overcoming cold is not, as we frequently hear it enforced, to expose yourself to it, but to oppose it by in-door warmth and out-door clothing. Woollens and furs, with thick soled boots, will prove sufficient for the latter; the Russian peasant as well as the Russian prince may teach us how to construct our habitations so as to insure the former. We will first follow our author into the peasant's dwelling:—

"A log hut, made of entire trees, the corners dovetailed into each other, the spaces between the bulks filled up with moss or oakum (calked), no breath of air can penetrate the room, for its boundaries present no crevices. His door shuts close, his window frames are double, two feet by three, the glass, or oiled paper, fixed in. In the corner of his room is a stove, whose chimney finds exit through the roof; no wide open space to allow of heat to ascend, and cause a continual draft of air. His hut is insupportable to those who are unaccustomed to such in-door temperature. The flies, congregated in some corner, hang like a swarm of bees, happy and buzzing in *the winter season*. He himself lies prostrate on his stove, which serves him for a bedstead. This man is a rare subject for consumption.

Let us now inspect the interior of the houses of those in more affluent circumstances. "Ascending higher in the scale, how does the man in easy circumstances sustain the cold? By opposing to it its fell antagonist *warmth*, not himself; he knows better. You enter his chamber: "How warm your rooms are, Ivan Ivanowitch." "Slava bogu gospadina"—*Heat breaks no bones.* You dare not, as in England, enter his parlour with a great coat upon your back. That would be a woful offence,—a reflection upon him—as much as to say, "You have economised your fuel; you have not heated your stoves." Such conduct would be an absolute misdemeanour.

The English resident also soon learns to adapt his habits to those of the natives of the country. In the winter season he wears his great coat, lined with sables, as a walking dress; and as the cold advances, and the severity of the weather renders it necessary for him to take to his sledge, he envelops the whole body in an immense wrapper, lined with fur. "His feet are always shod in clogs, and a wadded cap covers head and ears." In his dwelling, the ante-room is protected from the cold air by double doors, and in the interior of the house, the warmth is equally diffused through all the rooms and staircases, double windows and thick walls excluding the external air and the whole interior being warmed by stoves. "The bed-room," says Sir George Lefevre, "offers this striking contrast to the English dormitory, that it is warmer in winter than in summer. Not chilled with cold, stripping off his clothes with all possible speed, does the inhabitant of St. Petersburgh jump into his bed, and bury himself under an enormous weight of blankets, to get out of the cold stage. He undresses himself leisurely, and is warm enough under a common quilt and a single blanket. He does not dread that most awful of all moments, when he must leave a warm bed, with his teeth chattering in his head, as he emerges into a frost-chilled room, from out his close-drawn curtains."

There are many observations upon the preventive and remedial influence of warmth in pulmonary complaints, which are deserving of notice; and although it is perhaps not necessary in this country, to take all the precautions which the author enforces, many hints of great practical importance may be derived from a perusal of his little work. The chapter on pleurisy may also be consulted by those who are desirous of adding to their store of remedial agents, several formulæ in use among German practitioners being given. Among these, a combination of tartarised antimony with the hydrochlorate of ammonia, and an etherial tincture of digitalis, are commended by the author as very useful preparations.

The Medical Student's Guide and Almanac for 1844; *containing the latest Regulations of all the Licensing Medical Corporations in the United Kingdom, with a correct List of their Officers; the Metropolitan and Provincial Schools, and the Universities and Medical Schools of France; with a brief Notice of the German Universities, and a great variety of useful information for general reference by the Profession.* London: Henry Renshaw, 356, Strand. Dublin: Fannin and Co., Grafton-street. pp. 180.

On looking through the table of contents of this most meritorious compilation, we cannot but be surprised at the marvellous power of condensation which has enabled the editor to compress so much useful matter into so small a compass. It is difficult to think of any subject for which an almanac is consulted, and which concerns the medical practitioner in his business or out of it, which may not be found in its pages. It is surely a misnomer to call it the Medical *Student's* Guide merely.

First of all, we have post-office regulations, railway time and fare tables, and a calendar (such a calendar, too, as would make the heart of that ancient physician, Francis Moore, sink within him), and although the author does not assume the prophetic function, nor predict the downfall of the Pope, nor assign to each month its share of fair or foul weather, he gives very capital tables of the mean temperature, barometrical pressure, dew points, &c., and of every

observation which can be depended on respecting our most capricious climate.

Then follow accounts of all the British medical colleges and universities, with ample detail s of their regulations, of the time and manner in which examinations are conducted, and of the required fees; lists of the fellows and members of the colleges of physicians in England, Scotland, and Ireland; the metropolitan and provincial schools with their lectures and fees; together with a brief outline of the medical schools of France and Germany; the whole concluding with a most useful *omnium gatherum*, in which a list of London bankers, electoral notices, property and assessed taxes, weights and measures, table of wages, stamps, public amusements, her Most Gracious Majesty's ministers, allowance to witnesses at assizes, &c. &c. meet the eye in rapid succession.

From the glance we have taken at its pages, we believe the work to be as accurate as it is multifarious, and it certainly is a cheap half-a-crown's worth. It is brought out under the auspices of the much esteemed publisher of this journal, and we believe that our readers will find it a most convenient volume for their library tables.

BIRMINGHAM PATHOLOGICAL SOCIETY.

November 4, 1843.

William Henry Partridge, Esq., in the Chair.

Mr. Burdett brought forward a specimen of aneurysm of the radial artery, and stated that it occurred in a man, named Boutley, aged about forty, with an emaciated condition of body, who became a patient of his in the month of August, 1843, at that time suffering from phlegmonous inflammation of the left hand and forearm. Bleeding, both local and general, with purgatives, was the treatment pursued for some days, and, as the inflammation subsided, an abscess, to a considerable extent, followed upon the outer side of the wrist, with sinuses extending over the back part of the hand. In a short period after the abscess was opened, disease of the cartilages of the wrist-joint was detected, much grating being observed upon the slightest motion of either the radius or ulna. Pressure was applied, the swelling gradually subsided, the sinuses obliterated, and the abscess perfectly healed. Upon examining the anterior part of the arm, a small swelling was distinctly observed, about the size of a hazel nut, on the course of the radial artery; this swelling gradually increased to the size of a walnut, the tumor presenting over it a glossy appearance, as if pus was about to escape; upon placing the finger upon this swelling, the artery might be distinctly felt, as if beating under a small abscess, there being distinct fluctuation. An exploring needle was introduced on the 18th of October, with a view of ascertaining the real condition of the swelling, and about one drachm of serum issued immediately, followed by arterial blood. A small pledget of lint was placed over the puncture, and a bandage applied with a view of producing pressure upon the aneurysm. From this period he became a patient of the General Hospital, and, therefore, for further particulars of the case, Mr. Burdett referred to Mr. Walter Frere.

Mr. Frere said that he was not prepared to enter fully into the case; the patient came into the hospital under the care of Mr. Amphlett, and he should like to have that gentleman's consent previous to stating full particulars. On entering the hospital Mr. Amphlett discovered that there was caries of the wrist-joint, and an aneurysm of the radial artery in a sloughing state, so as to immediately call for an operation on its own account. Mr. Amphlett requested a consultation with his colleagues. Mr. Hodgson and Mr. Crompton attended, when it was determined that, as the disease in the bones of the wrist-joint was to such an extent as that the amputation of the limb would be required at no distant period, it was better to perform it at once, by which both diseases would be got rid of at the same time. Neither the aneurysm nor the wrist-joint had been laid open, so that the full extent of the diseases could not be demonstrated, nor should he feel justified in opening at that time without the consent of Mr. Amphlett, as he had only brought the amputated limb at Mr. Burdett's request. The man came into the hospital on the 20th of October; the amputation was performed on the 21st.

Mr. Frere was understood to say that he would obtain Mr. Amphlett's permission to lay open the wrist-joint and the aneurysm, and bring the preparation again before the society at a future meeting.

Dr. Fletcher then brought before the society a specimen of carcinoma of the pancreas, the head of which was very much enlarged and enclosed the duodenum, so as to form a stricture of that intestine just beyond the pylorus, and a portion of the liver affected with the same disease from the same subject.

It was taken from the body of Mary Perkes, aged fifty-two, very emaciated, and whose countenance indicated organic disease; she came under Dr. Fletcher's care as a dispensary patient August 29, 1843. The history of her case, Dr. F. said, could not be better stated than in the account which was kindly furnished to him by Messrs. Cartwright and Ward.

"Our attendance upon Mrs. Perkes commenced on the 18th of July last. She had been for some time under the professional care of another surgeon, from whose treatment she stated she had received no benefit.

"We found her suffering very severely from a pain in the region of the stomach, towards its pyloric extremity, which was increased on pressure; the whole surface of the abdomen was tender; the tongue was dry and the papillæ more red than natural; the pulse was quick and feeble; the sounds of the heart were loud, and there was a very distinct pulsation in the left hypogastric region, simulating an aneurysm.

"She complained of great thirst; the stomach was very irritable, and rejected all aliment; the bowels were costive, and the urine scanty.

"Her sufferings at times were extreme, the pain assuming a spasmodic character, which was at no time relieved by crude opium. Morphia, however, alleviated her pain, but gradually lost its effect, so that at the end of a fortnight the pain was as violent as before.

"The trisnitrate of bismuth also was administered with benefit, the sickness at first considerably diminishing. The exhibition of enemata, by unloading the large intestines, gave some relief.

"No decided improvement, however, took place; the abdomen became tympanitic, the sickness and pain continued, and we resigned the case to Dr. Fletcher."

Present State.—Aug. 29, 1843. She is extremely emaciated; the bowels are very tympanitic, and there is some effusion in the cavity of the abdomen, and hardness and increased space of dulness in the epigastrium, extending from the right hypochondrium, in which situation, and reaching down towards the umbilicus, she complains of intense excruciating pains; and, on applying the hand, pulsations are felt, as if some hard tumor was forced up by the beating of the aorta, and, on applying the stethoscope, a distinct bruit de soufflet is heard attending each impulse, whilst the patient is in the recumbent position; but this ceases on her being raised to the semi-erect, and in this position also the pulsations in the epigastrium very much diminish. There is no bruit de soufflet heard on applying the stethoscope to any part of the spine.

The head and chest present no symptoms of disease; the heart beats quick, but feebly; the pulse is small, and 120 per minute; the tongue is dry and red; nausea is almost constant, and, after taking food, vomiting generally comes on in about half an hour, which is preceded by a very uncomfortable distension of the stomach; very scanty evacuations from the bowels twice or three times daily.

Diagnosis.—Contraction and carcinoma of the pylorus, extending to the liver and implicating the parts in the neighbourhood, with very unfavorable prognosis.

Treatment.—Anodynes were resorted to almost alone, and the bowels kept under mild aperients. The case went on from bad to worse in every respect, and death took place on the 16th of September.

Post-mortem Examination Twenty Hours after Death.

Body very much emaciated; parietes of abdomen much distended, and a curved line marked the situation of the distended stomach.

Head not examined.

Contents of the *chest* healthy.

Abdomen.—Stomach very much distended, otherwise healthy; pylorus healthy; liver studded with carcinomatous tubercles, and about half as large again as natural. Pancreas almost totally affected with carcinoma; its head very much enlarged, wraps round the duodenum, and encloses that intestine in its hardened and diseased structure, so as to contract its calibre, that it with difficulty admits the index finger, producing a stricture just below the pylorus. Other portions of the intestine healthy. Spleen healthy. Kidneys and urinary organs healthy. The cavity of the peritoneum contains about two quarts of serum.

Dr. Fletcher then brought before the society a specimen of cirrhosis of the liver and softened spleen, from the same subject. They were taken from the body of William Priest, aged forty-nine, who became a patient at the General Dispensary in June, 1843. He stated that he had enjoyed good health up to about twelve months since, during which time he had twice been the subject of ascites, but which had subsided upon remedies being used. His belly was again swelling. Previous to his illness he had worked hard as a blacksmith, and drank freely.

Neither the head nor chest evinced any symptom of disease. Physical examination did not detect disease of the heart or lungs. The belly was about half full of fluid, its level being just above the navel, the patient being in the erect position. The region of the liver was not so extensively dull as normal; he had been jaundiced previous to the first attack of ascites, but not since. He was a native of Birmingham, had never lived in a marshy country, nor had suffered from ague. The kidneys acted freely; the urine was about the usual healthy specific gravity, and did not coagulate by heat or nitric acid.

In spite of treatment, which consisted of elaterium and all sorts of hydrogogue cathartics, as well as diuretics administered singly and in various combinations, the effusion into the cavity of the abdomen increased, and anasarca of the lower extremities came on, accompanied with great anxiety and difficulty of breathing to the extent of calling for the operation of tapping, which was performed by Mr. Onions, with great relief to the patient. The effusion, however, soon returned, and was delayed in its progress only by the patient taking immense quantities of the solution of Epsom salts, the only medicine from which the patient would allow that he derived any benefit, and which it was impossible to keep him from drinking to an enormous extent. He became weaker from day to day, and died on the 24th of September in an extreme state of debility.

Post-mortem Examination, Eight Hours after Death.

Body not decomposed; emaciated in the chest. Head and upper extremities swollen, from ascites and anasarca in the abdomen and lower extremities.

Head not examined.

Chest.—Contents quite healthy.

Abdomen contained about two gallons of clear serum. Peritoneum healthy. Stomach and intestines healthy. Pancreas healthy. Liver about half its normal size, and generally affected with cirrhosis. Gall-bladder full of pale yellow fluid. Spleen larger than normal, and of a pale yellow color; its external coat increased in thickness, measuring in many places the sixth of an inch; its internal structure generally very much softened, and paler than normal in color. Kidney quite healthy, as were also the other parts of the urinary apparatus.

Dr. Fletcher said the extreme obstinacy of this case of ascites was easily accounted for after death, however obscure its cause may have been during life, from the cirrhosis of the liver, which was of itself an adequate cause, and from the state of the spleen, which was also stated by authors to be a cause of ascites.

Dr. Fletcher then exhibited to the society a large tubercle in the cerebellum, and another from the cerebrum of the same subject.

Case.—Joseph Chatterley, aged seven, was admitted a patient of the General Dispensary April 27, 1843. He had been some time ill from weakness in the limbs, which had come on gradually. His head was large, and he was affected with strabismus of the left

eye, the pupils dilated. He could not stand up, and on being left to himself he always fell to the left side. He had a fixed and constant pain at the back of the head, opposite to the cerebellum. Sensation perfect all over the body.

These symptoms gradually increased up to the time of his death. His head measured, a fortnight before his death, twenty-three inches in circumference; at death, twenty-four inches in the same situation. Total blindness supervened. He was affected with convulsions and permanent contractions of the muscles of the left arm and leg.

The treatment pursued was counter-irritation to the back of the neck, mercurials and aperients, none of which appeared of the slightest avail.

The diagnosis of the case was hydrocephalus, with disease of the cerebellum, which were indicated by the increased size of the head, and the fixed pain in the region of the cerebellum, and want of co-ordination in the muscles of locomotion.

Death took place October 26.

Post-mortem Examination, Twenty-eight Hours after Death.

The *body* much emaciated.

The *head* only was allowed to be examined. It measured externally twenty-four inches in circumference at its greatest measure, and was generally increased in size. The bones of the head increased in expanse, thin, and presented no diploe. The principal sutures, the sagittal, coronary, and lambdoidal, and the fontanelles, completely open, and the other sutures very imperfectly united. The membranes of the cerebrum healthy, except that there were adhesions on the upper part of the left hemisphere, where a tubercle is situated in the grey substance. The ventricles contained a wine quart bottle full of transparent fluid, specific gravity 1·007, slightly hazy on the application of heat, and feebly reddens litmus paper. The membranes of the cerebellum very extensively adherent, especially on the left side, where there is a tubercle as large as a walnut in the grey substance, very firm internally, but softened externally, so that it easily breaks down, where in apposition with the bone of the cranium. On the right side there is another tubercle, about the size of a hazelnut, firm in consistence. The viscera of the other cavities, as above stated, were not permitted to be examined, which was very much to be regretted, as most probably other tubercles would have been found in the body, thereby rendering it a parallel case to those which have been published by Dr. Hennis Green, to whom the profession is much indebted for the papers he has published upon tubercular affections of the brain; but it may be stated, Dr. Fletcher said, that at no time during life could it be ascertained that disease existed in any of the other organs.

Dr. Fletcher then brought before the society a heart very much enlarged, with contraction of the mitral valve, and great dilatation of the tricuspid valves, taken from a patient who had been the subject of general anasarca to a great extent, and of condensation of the tissue of the right lung. It was taken from the body of H. W., who became a patient at the General Dispensary, June 29, 1843.

He complained of pains in his chest, cough and shortness of breathing, and that he had difficulty in lying in bed. His appetite bad. General emaciation to a great extent. Pains and giddiness in the head. He had been subject to attacks of rheumatism, from which he had suffered much in the shoulders.

On examination of the chest it was not found to move very freely in respiration. The heart was seen to pulsate over a large space, and the chest was *bouché* in its region. The jugular veins pulsated, particularly the left. A slight thrilling sensation was communicated to the hand placed upon the region of the heart.

The chest did not sound so well on percussion on the right side as on the left. The dulness over the region of the heart was larger than normal.

Auscultation detected that the respiration was more feeble on the right side than on the left. A bruit de soufflet was heard at the region of the heart accompanying the first sound, most intense under the second and third costal cartilages on the left side of the sternum, but extending all over the region of the heart, and it was audible in all parts of the chest more or less distinctly, more so under the left than under the right clavicle.

The case was treated by palliatives, and every thing done for the patient's comfort. In August, general anasarca came on, the urine being at this time scanty, and on examination it slightly deposited albumen.

Sept. 28. The heart symptoms had increased, the slightest exertion produced great inconvenience. The anasarca had very much increased, the urine was very scanty, its specific gravity 1·026, and in standing twenty-four hours, after having been boiled, and nitric acid having been added, its deposite of albumen occupied half its volume.

At this time the legs and thighs were acupunctured, which was followed by ulcerations in the skin of the legs, by which the fluid from the body was discharged, and the general anasarca subsided. The urine still remained scanty, but its specific gravity lowered to 1·011, and the deposit of albumen did not occupy more than an eighth of its volume after standing twenty-four hours, heat and nitric acid having been applied. He died suddenly on the 19th of October, at five, p.m.

Post-mortem Examination, Oct. 21, *Seven, a.m.*

Body emaciated.

Head not examined.

Chest.—About a pint of clear serum effused into the left pleura; no adhesions. Lungs quite healthy. A pint and a half of clear serum effused into the right pleura; no adhesions of this membrane. Lung condensed, very slightly crepitant, and does but just float in water. Heart generally much enlarged; about six ounces of clear serum in the pericardium. The left auricle and ventricle slightly enlarged, and hypertrophied. The mitral valve contracted, and thickened and fringed at its edges, with warty excrescences; it measured three-quarters of an inch in diameter. The right auricle distended to at least three times its usual size. The right ventricle dilated about twice its normal size; their parietes much thinner than normal. The tricuspid valve dilated so as to admit four fingers, and when measured, by a cane passed into it, was found to be an inch and three-quarters in diameter. Both the mitral and the tricuspid valves were sufficiently correct in their action, as, by careful management, to

prevent water passing through them from the ventricles, when water was poured into them, the heart being inverted, and the ventricles having been laid open (but it could not be doubted but that a considerable regurgitation took place through these openings during life). The semi-lunar valves, both of the aorta and of the pulmonary artery, were healthy.

Abdomen.—Liver enlarged, and much congested in its venous hepatic system. Spleen, pancreas, stomach, and intestines, healthy. Kidneys congested and granular. Other parts of the urinary apparatus healthy.

MORE ROUGH NOTES FOR LORD ASHLEY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have long been convinced that if the class of medical practitioners called in common *parlance* "union doctors" are ever to rise from their present degraded and false position, it must be by their own exertions. I, as one of that class, beg to forward to you some facts, the transmission of which the engrossing nature of professional avocations has hitherto delayed.

For the past six years I have attended the poor of an extensive district, comprising ten parishes, covering an area of 33,000 acres, and containing a population of 11,000, chiefly agricultural laborers and their families. Some months since I applied to the board of guardians for an increase of salary, making a statement, of which the following is the substance, and the correctness of which is undeniable :—

Taking the year concluded Lady-day, 1843, I found that I had attended 620 registered cases (exclusive of numerous applicants for doses of medicine, too trivial to be entered as cases of sickness). I had paid upwards of 2,500 visits, and travelled nearly 5,000 miles, in the necessary discharge of my duty. For this work I received, as salary, £90, with an additional £6 10s. for fractures and midwifery. This will be at the rate of rather above 3s. per case, and, I believe, about 4d. per mile, which remuneration (?) included cost of medicines, horse expenses, an assistant or dispenser, professional skill and responsibility, mental anxiety, and bodily wear and tear. I adduced, in support of my claim for an increase, examples from other districts, showing that the rate of payment to me was below even the usual low average, and I showed the injustice of calling upon a man to expend more than his whole day's salary upon a single case which might happen in accident or illness requiring leeches or expensive medicines.

Now, the affairs of the union to which I allude are, I believe, conducted on a less narrow scale than many, and the board of guardians numbers among its members many men of education and talent. The result, therefore, of my application was successful. Still my salary was *not* doubled—fifty pounds were *not* added to it—nor forty—nor twenty; *it was made, by the addition of ten pounds*, £100 per annum. The board unanimously acknowledged the efficient and satisfactory manner in which I had always performed the duties of medical officer, but hinted that, if I were not satisfied, and chose to resign, there were practitioners who would gladly accept my salary.

My case is not an extreme one; I *know* that many of my brethren are worse paid than myself.

I began by saying that the position of a parish surgeon is a degrading one; and while his services are thus valued and paid for—while he remains so much at the mercy of men, often ignorant of his duties—while he is liable to be pestered with messages from local authorities, and notes from Ladies Bountiful in every parish, pressing upon his particular attention some *protegé*—respectable practitioners will, if possible, avoid parochial duty, and the office will naturally devolve upon those of a less liberal education, and in an inferior position, or on young men, comparatively inexperienced.

I said that the position is a false one. I would ask, who sees the poor as they really are, as they live and eat, and sleep, and die, as does the parish surgeon? Who so fitted to point out to the liberal *deserving* objects for their bounty? Who ought to be the intermediate link between the two halves of the world, "the one who knows not how the other lives?" This link he is not, generally speaking, at present; for it is notorious that the medical man of the poor is not usually the attendant of their rich neighbours.

How, then, are these matters to be remedied? *Quot homines, tot sententiæ*, doubtless. Doctors proverbially disagree, and in nothing more than in proposing a cure for this evil. I leave to wiser heads than mine the method of cure. But I would say that the appointment of surgeon is at present too much in the power of local boards. Let such, by all means, appoint the officer; but let the salary be fixed elsewhere. At present its amount is not regulated by the nature and extent of the work required, nor by the qualifications or abilities of the person appointed, but entirely by the varying opinion and caprice of the boards. In three workhouses of equal size, of one of which I have the care, the surgeons' salaries are respectively £80, £40, and £20; and I believe the lowest salary to have the most onerous duties attached to it. This, surely, calls for revision. The duties can now, after eight or nine years' experience, be correctly ascertained; let the salary be fixed accordingly, regulated by certain variations in population and distance. Let this be done. The parochial surgeon would then be no longer classed with the over-worked and underpaid factory operatives, miners, shirt-makers, or dress-makers. Nor would he alone be benefited; his pauper patients would benefit, and assuredly the ratepayers would, in the end, be no losers.

Gentlemen, I have trespassed much on your valuable space, and I apologise for so doing. I must likewise beg your indulgence, and that of your readers, for the crude and ill-arranged manner in which I have hastily thrown these remarks together. Let me hope that you and they can see, with the poet, "sermons in stones, and *good* in everything," even in the epistle of a parish doctor.

I am, Gentlemen,

Yours obediently,

HENRY W. LIVETT.

Wells, Somerset, Jan. 15, 1844.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—It may be remembered by the members who attended the last annual meeting of the Association, which was held at Leeds, that Dr. Cowan gave notice of his intention to propose, at the following annual meeting, a motion to the effect that the subscription to the society should be £1 10s. instead of the present subscription of £1 1s.; and that 9s. thereof should be applied to the Benevolent Fund.

Notwithstanding that such notice was given, and that such was duly intimated to the members of this society, through the Journal, several letters appeared thereafter upon the subject in question, and the resuscitation of one of these in your last week's number revives in me opinions then formed.

Dr. Cowan having taken the constitutional mode of giving due notice of his intention to propose the alteration of a fundamental rule of the Association, nothing ought, in my opinion, to have appeared in the Journal, either for or against Dr. Cowan's proposition, until the period of the annual meeting. This, however, appearing not to be the opinion of others, many letters on the subject have been published, and I trust that now I may be excused in presuming also to offer a few remarks thereon.

The Provincial Medical Association, when formed, had no Benevolent Fund attached to it; the latter bore no share, nor does it yet bear any, in its constitution. Members are enrolled as subscribers of £1 1s. to the Provincial Medical Association, for which subscription they receive the weekly Journal and the annual volume of the Transactions. If the subscriptions should ever be insufficient to defray the expenses of the Association, *then* there would be a legitimate right to make a further call upon the subscribers, but not until such a state of affairs is shown.

The Benevolent Fund is an after-growth; it is attached to, and yet distinct from, the Association; it arose out of it, but although still in connection with it, these two institutions are supplied with the means of subsistence from very different sources—the subscription to the society is fixed and obligatory—the donations to the Benevolent Fund are, as they ought to be, voluntary offerings. It appears, therefore, that a compulsory subscription to the Benevolent Fund would alter greatly the nature of the Association; it would convert it into a "benefit society" rather than tend to keep up its character as a promoter of medical and surgical science.

But, further, in a benevolent point of view, I consider, with many others, that to allow the society and the Benevolent Fund to remain in their present bearing with respect to the members, is an act of much greater benevolence or charity than if we acceded to the proposed increase of subscription for the benefit of the surviving relatives of the subscriber; for I know, and am sorry to say so, that several, even in this neighbourhood, would reluctantly be compelled to cease subscribing were the annual subscriptions to be raised, and thus the present great advantages of the Association would be lost to them. Without the projected alteration, the Benevolent Fund is at present open for the offerings of all who can afford and who feel inclined to give, whilst "every member of the Association," I am glad to think, "is not" called upon to do likewise."

Such opinions as those now offered cannot, I presume, be supposed to arise from any deficiency of benevolent feeling, for I believe them to be the opinions held by most of the members of the "West Riding Medical Charitable Society," and to be such as were openly expressed at the Association's annual meeting, by our excellent and highly benevolent secretary, Mr. Garlick, of Leeds; and here I may further add that many of our members not only subscribe their guinea to the above-named charity, but also add their mite to your Benevolent Fund.

In conclusion, wishing all prosperity to the Benevolent Fund, I would at the same time recommend the formation of local or county medical charitable societies, similar in essentials to the one just alluded to; for I feel persuaded that a much greater amount of good may be done by such societies, and much more efficiently, than can possibly be effected by any wide spread and unattached charity.

I have the honor, Gentlemen, to remain,
Your obedient servant,
James Inglis, M.D.

Halifax, Jan. 16, 1844.

BOOKS RECEIVED.

On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders. By Henry Hunt, M.D., &c. &c. London: Churchill, 1844.

Diseases of the Lungs from Mechanical Causes; and Inquiries into the Condition of Artisans exposed to the Inhalation of Dust. By G. Calvert Holland, Esq., M.D., &c. &c. London: Churchill, 1843.

Glossology: or the Additional Means of Diagnosis of Disease to be derived from Indications and Appearances of the Tongue. By Benjamin Ridge, M.D., M.R.C.S.L., &c. &c. London: Churchill, 1844.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

We have received several letters about the controversy between Dr. Eager and Mr. Barrett, of Manchester. But we cannot afford room in our pages for personal squabbles. Each party has been heard, and the profession must now form their own opinion. It is right to add, that Mr. Fleming has sent us a letter, stating that he cannot be certain that it was Captain Dudley Byrne who called on him, as he asserted in our last Number. This we publish, lest we may have implicated the name of a gentleman who was a stranger to the whole transaction.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 174.] LONDON, SATURDAY, JANUARY 27, 1841. [PRICE SIXPENCE. Stamped Edition Sevenpence.

OBSERVATIONS
ON THE
CONNEXION OF INSANITY WITH DISEASES IN THE ORGANS OF PHYSICAL LIFE.
ILLUSTRATED BY A REMARKABLE CASE.

By J. Cowles Prichard, M.D., F.R.S., &c.

In most of the necroscopical researches into the causes of mental aberrations which have been set on foot, either in England or in France, the principal, if not the almost undivided attention of anatomists has been directed to the discovery of morbid changes in the brain. Our German neighbours, who have been thought, in many other departments of knowledge, to take wider and more comprehensive views, though not to be more practical or sound in judgment, than either the French or English, have, in the pursuit to which I have adverted, taken a different course. The school of Nasse, in particular, have, in numerous publications,* directed the attention of pathologists to connections which are often to be traced between the different manifestations of insanity and various morbid phenomena discovered after death in the organs subservient to physical life. The same path has been followed more recently by Jacobi, whose various works on subjects connected with insanity, equally remarkable for the practical sense as for the deep philosophical investigation which they display, entitle their author to the highest rank among the living writers of this class.† Jacobi even goes so far as to call in question the established opinion of this time, which regards the disorders of the vascular, the gastric, the enteric, the hepatic, and the progenitive systems, as associated with morbid states of the mental faculties in a remote and secondary degree; while affections of the brain are looked upon as immediately and essentially connected with the manifestations of disordered intellect. Jacobi has not expressed his opinion precisely in this manner; but it would appear, from a variety of passages in his works, that he looks upon effects produced upon the sensorium and the mind, through the medium of the stomach, or any of the viscera of physical life, as not less immediately brought about by the action of the material organism on the intellectual or sensitive power, than the impressions produced in the mind by a blow on the head, or by any powerful agency exerted immediately on the brain. This sequence, as he thinks, is more easily understood, as it is more frequently or more distinctly exemplified in a variety of phenomena, both healthy and morbid, connected with the state of the feelings or moral faculties, and their manifestations. The phenomena of moral insanity, or of a disordered state of the affections and moral feelings, without any corresponding lesion of the understanding, or of the reasoning faculties, furnishes, or appears at least, *primâ facie*, to furnish a firm ground whereon to maintain the negative position in regard to the participation, or, at least, the primary influence of the brain, in the development of an extensive series of psychological phenomena. Herein Jacobi assents to the opinion which I ventured some time since to put forth; and which was, at first, thought extremely improbable;—that a mental disorder exists, fully to be recognised by particular trains of symptoms, in which the moral, not the intellectual, part of the human mind is essentially disturbed. To this I affixed the name of moral insanity; while, to another class of mental disorders, consisting in irregular affections of the will, or in unaccountable voluntary impulses, without motive or rational design, the designation of instinctive impulses, or instinctive insanity, is equally applicable.* I shall not attempt, at present, to enter into the *rationale* of the class of mental disorders to which this writer alludes; or to discuss the question, whether in those cases of insanity in which the primary cause, or the primary morbid change, has its seat in the organs of physical life, there always intervenes a morbid condition of the brain, which last is the immediate antecedent of disturbance of the mental faculties. The most important thing, in a practical point of view, is to establish the fact that the principal and fundamental cause of insanity is, in many instances, to be sought, not in the brain, but in some other region of the body. Of this, I believe that most persons who have enjoyed many opportunities of observation, and are capable of making a good use of them, are now well convinced. The opinion, however, is yet so far from being the prevailing one, that it is worth while to lay before the public any striking and decided example that may carry strong conviction on the subject; and this precisely is the object of the present communication.

A. B—, a lady highly accomplished, and of great mental endowments, pious, affectionate, and sincere, when about thirty-five years of age, without any

* In a variety of papers in the Zeitschrift für Psych. Aerzte, 1818, and the following years.

† In Dr. Max. Jacobi's Beobachtungen über die Pathologie und Therapie der mit Irreseyn verbundenen Krankheiten. Elberfeld, 1830. Also different papers in the Zeitschrift für die Beurtheilung und Heilung der Krankhaften Seelenzustände, von Max. Jacobi und Fr. Nasse. Berlin, 1838 u. s. f.

‡ Zeitschrift, B. 1. S. 78.

* This last is the disorder described by Pinel under the title of "*Manie sans délire.*" It was observed by M. Esquirol, in his last work, that this affection is totally distinct from that which I have described first in the Cyclopædia of Practical Medicine. The term moral insanity is now in common use among the superintendants of lunatic asylums, both in Britain and in the United States, as the distinguishing term for this species of mental disease. It is said that, in some of the United States, nearly one-eighth of the whole number of lunatics committed by the courts belong to this class.

assignable cause, except, perhaps, an over-strained attention to a course of study which, from charitable motives, she had been induced to undertake, and from consequent neglect of exercise, and the means of promoting her bodily health, became suddenly low-spirited and hypochondriacal. During the early period of her illness, she fancied herself to labor under a variety of complaints, over which she was ever brooding, and suggesting causes and remedies. Her whole temper and character became changed. Formerly devoted to her duties, and to works of benevolence to others, she now thought only of herself, and her complaints. She was even indifferent about the state of her own person. When her complaints assumed a definite form, they always referred to her stomach and alimentary canal. She thought herself over-filled with food when she had taken a very small quantity; and, under this impression, she almost starved herself.

After many months spent under the unremitting attendance of her mother, and her near relations (during which time she made repeated attempts to escape out of the house, in order to elude importunities, and almost compulsion, to take food), it was determined by her friends (who found it impossible, otherwise, to prevent her from sinking under exhaustion) to send her to a lunatic asylum, where she passed the last years of her life. While there, she was induced, though not without great difficulty, and a constant threat of compulsion if she resisted, to take a moderate quantity of the most nutritious and digestible food. Her body, which had been very much emaciated, was then restored to its usual degree of fulness; she had always been of light and slender frame.

It was her constant entreaty to be spared the pain occasioned by taking food. She was ever intent upon the means of dissuading her friends from forcing her to eat; and when this was given up as hopeless, she employed her utmost effort to elude their attempts. Every imaginable stratagem was put in practice. Formerly high-minded and upright, she now descended to the meanest tricks, in order to promote this one object, to which her mind was ever directed.

At her entreaty, the prescribed quantity of solid food was decreased from time to time, and a milder and more fluid diet substituted for it. On these occasions she became weak and feeble, and emaciated; and it was found necessary, although her complaints of suffering were rendered more distressing and importunate, to return to a fuller quantity; but this was always the smallest quantity that could support her strength. Notwithstanding her complaints, there was no perceptible indication of abdominal disease.

After remaining some years nearly in the same state, she was suddenly attacked with diarrhœa, which, in a few days, notwithstanding all ordinary means used to stop it, carried her off. She retained acute intelligence, and all her morbid impressions to the last hours of her life.

The autopsy was made carefully two days afterwards. The following were the most remarkable appearances:—

The cranium was remarkably light and thin, and permeable to light.

Between the layers of the arachnoid was much fluid. This membrane was opaque where it covers the posterior lobes of the cerebrum, and raised by fluid effused between it and the pia mater, separating the convolutions. Ventricles full of perfectly colorless serum. The brain and dura mater were very exsangueous. Altogether, the fluid effused amounted to five ounces.

The lungs were extensively beset with tubercles.

But the ultimate, if not the primary, cause of the disease was apparent in the intestinal canal. The ileum was beset, through nearly its whole extent, with large, round, or irregularly-shaped patches, occupied by congeries of tubercles. On these patches were extensive ulcerations, of irregular surface, and with much thickened edges. In many parts these ulcerations occupied the whole circuit of the intestinal tube. The tuberculous matter had been deposited underneath the serous coat, forming a hardened base for the ulcerations which took place on the mucous surface.

This dissection afforded proof that the perpetual complaints made by the patient of pain and suffering in the abdomen had an organic cause, and were not unreal, as it had been sometimes suspected. As these complaints had been uniform, and had continued from the commencement of the disease, it may be inferred as highly probable that the organic disease in the intestinal canal had been coëval with the mental disorder, and the foundation of the whole train of morbid symptoms. The history of this case furnishes, on this view, an example of insanity mainly dependant on a diseased state of organs very remote from the brain. Serous effusion, indeed, existed within the skull; and this is known to be a very frequent phenomenon in cases of insanity; but it may, perhaps, be regarded rather as an effect than a cause.* Tubercular disease in the lungs is likewise frequently discerned in melancholic patients, as Esquirol has particularly observed; but this rather supervenes upon, than occasions melancholia. On comparing all the phenomena which the history of the case displays, I think it, on the whole, manifest that the abdominal disease was the primary deviation from health; but how this may have operated in giving rise to the complaints which appear to have resulted, I do not pretend to explain.

* In 120 out of 216 cases, Greding found effusions between the dura and the pia mater. Between the pia mater and the surface of the brain, in 29 out of 100 maniacs. He found the lateral ventricles in 28 very full of serum; in 23 ready to burst; in 10 out of 24 melancholics astonishingly distended. Third ventricle quite full in 57 of 100 maniacs; and in 16 of 24 melancholics. Fourth ventricle ready to burst in 80 out of 100 maniacs, and empty only in 3; completely distended in every one of 24 melancholics. By the same writer it was observed that the skull was remarkably thick in 167 out of 216 cases. In many cases it was remarkably *thin*, and holes were found in the inner table in 115 out of 216 cases.

DEATH OCCASIONED BY THE ADMINISTRATION OF A TOBACCO ENEMA. BY M. JAPIOT.

A man, aged fifty-six, had a strangulated hernia, for which, after various ineffectual attempts at reduction, an enema of fifteen grammes of tobacco was administered. A quarter of an hour afterwards symptoms of most intense narcotism came on, and the patient died twenty-five minutes after the administration of the enema.—*Gaz. des Hop.*, Dec. 12, 1843.

ON

CHRONIC PLEURISY WITH EFFUSION, OR EMPYEMA.

By Richard Chambers, M.D.,
One of the Physicians to the Essex and Colchester Hospital.

[*For the Provincial Medical Journal.*]

Although our knowledge of thoracic diseases has been considerably advanced since Laennec's application of the stethoscope to their discovery, the disease to which I now call attention is still extremely liable to escape detection. This arises from the difficulty of making its diagnosis, and also from its not being looked for, in consequence of the prevalent (though erroneous) opinion that it must necessarily be accompanied by symptoms calculated at once to arrest attention. This latter cause finds some support from the definition of hydrothorax, as laid down by all writers previous to the publication of Laennec; but we are now aware that all the symptoms then considered as pathognomonic of that disease arise from obstructed circulation, and may exist without the presence of any pleuritic effusion.

The symptoms of chronic pleurisy are said to be dyspnœa, pain in the affected side, and difficulty of lying on the healthy one, quick pulse, short cough, emaciation, and hectic; in addition to these we have the physical signs—dulness, absence of respiration, diminished vocal resonance, and enlargement of the affected side, and also œgophony. For more detailed information I refer to the works of Walshe, Stokes, and Williams; suffice it here to remark that none of the symptoms enumerated are of constant occurrence, and many of them so often accompany other diseases, that their value as diagnostics is considerably diminished.

There is one symptom that has not, as far as I am aware, yet attracted attention; and having found it invariably coexistent with pleuritic effusion, I am desirous to submit it to the notice of my professional brethren; the nearest representation I can give of it is that conveyed by the expression "*gentle gurgling*," but even this does not convey an adequate description of it; it appears as if it proceeded from the rolling or displacement of a fluid, and I believe its occurrence can be explained thus: during inspiration a portion of fluid becomes pressed up between the lung and the walls of the chest, and this falls back again on expiration.

It may be objected that the presence of air was requisite for the production of this sound. To this I would remark that there was no other evidence of its existence, and that, when the fluid becomes absorbed, no trace of any disease could be detected. If it is necessary to the production of the symptoms, it must have been generated within the pleural sac; but the absence or presence of air cannot affect the value of the symptom, if (as I have found) it occurs in every case of pleuritic effusion.

The first case in which I noticed the symptoms was one of Bright's disease, in which the pleuritis occurred while the individual was under my care in the hospital. He was discharged well six months ago, and he has since continued free from complaint.

The recumbent posture is the most favorable for detecting this symptom; and, whatever may be the theory of its production, of its invariable presence I entertain no doubt; it is unnecessary to enlarge upon the importance of a symptom that requires the presence of fluid as an element of its production. Cases illustrative of its value will be appended.

Treatment.—It is to the excellent paper of the late Dr. Hope (Medico-Chirurgical Review, No. 96) that we are chiefly indebted for a successful mode of treating this disease. It was he alone who advocated a full and indiscriminate mercurialisation—not deterred by the excitement of hectic or the pallor of anæmia, and, from my experience of the practice, I am convinced that it will rarely disappoint the character he has given it; indeed, it is only in cases complicated with tubercle that its use can be questioned; but even here the persistence of the disease is more likely to prove injurious than a cautious administration of mercury; and, were we to make the existence of tubercle a contraindication, it would be of no practical advantage, as many of the symptoms supposed to be characteristic of tubercle are frequently present in this disease when uncomplicated with it, and to abstain from mercury in such cases would be only to endanger their lives.

[*To be continued.*]

RARE MIDWIFERY CASES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Permit me to enclose an account of two unusual cases occurring lately in my practice. If you think the facts worth preservation, perhaps you will give them a place in your valuable Journal,

And oblige, Gentlemen,

Yours, respectfully,

Evan Evans.

Leeds, January 19, 1844.

HÆMORRHAGE BEFORE DELIVERY.

Mrs. W., aged twenty-nine, of usually robust health, but has suffered lately from mental anxiety and bodily privation; her fifth pregnancy; previous labors, in two of which I attended, have been somewhat protracted, but not difficult.

December 30, 1843. Complained of severe and frequently recurrent pains in "back and body," being, as she supposed, at full time. Examination per vaginam showed the uterus undisturbed, except by the voluntary expulsive efforts of the patient; the os tincæ constricted. Administering a full dose of opium, and enjoining strict quiet, I left.

The report on the following day was of a quiet night and decreasing pain.

During the week I paid occasional visits, and on Saturday, January 6, 1844, at six, a.m., answering a hurried summons, I found the patient exhausted from sudden and severe hæmorrhage; the bedding and carpets were drenched; the discharge being then but trifling, and uterine pain moderately strong and regular; the os uteri dilated, about the size of a shilling, but rigid and ring-like, undilatable by every effort; presentation natural; no detached portion of placenta ascertainable.

By eight, a.m., the sanguineous discharge had

nearly ceased, the liquor amnii dribbling from a small rupture in the membranes; the head partially descended on the os uteri, which remained unrelaxed.

About nine o'clock, from some unaccountable circumstance, the hæmorrhage recurred with violence, and continued, notwithstanding every effort to bring the head down by forcible dilatation of the os uteri, till the pulse became feeble, intermittent, and finally imperceptible; the patient unconscious of anything around her. Dispatching a messenger for my friend Mr. Staniland, I renewed my attacks on the os uteri, while, by a liberal use of brandy, I rallied my patient. When that gentleman arrived the pains were returning and the discharge diminishing, Mr. Staniland and another friend, Mr. Samuel Smith, on examination, agreed with me that, beside supporting the strength and facilitating, by all possible means, dilatation of the os tincæ and descent of the head, interference was not justifiable. Ergot had been given.

In the after part of the day the stomach became distressingly irritable, retaining nothing beyond a few minutes; but farther no impediment occurred, and by seven, p.m., the head had nearly passed the upper strait.

Mr. Staniland then, by exciting uterine contraction through the reflex function (his peculiar plan), soon effected delivery. The placenta was speedily extracted and pressure made over the uterus, which in a great measure stayed the returning hæmorrhage.

The patient being removed *up* the bed about nine a.m., hæmorrhage again commenced, but was speedily arrested by pressure, and an hour subsequently "after pains" came on.

Mrs. W. has progressed without one unfavorable symptom.

UNNATURAL PRESENTATION—DELIVERY BY NATURAL EFFORT.

Mrs. H., aged thirty-three, of good health, and well developed frame, mother of four children, has during present pregnancy experienced greater uneasiness than in any previous, and in the later period has had two severe falls over projecting bodies.

January 16, 1844, five p.m. Pains slight and infrequent; os uteri partially developed; membranes elongated and protruding, which, in endeavouring to ascertain the presentation, gave way, a considerable quantity of liquor amnii being discharged. The exact presentation could not be made out, but presumed a footling.

An hour subsequently, the pains having somewhat improved, I could plainly distinguish the *right foot, right hand*, and higher up *the vertex*. The liquor amnii freely discharging, and the passages well lubricated, I resolved on turning; and with that intention, having intimated to the nurse the necessity of changing the child's position, had partially introduced my hand, when the patient becoming alarmed, I considered it more prudent to send for assistance.

My friend Mr. Price, after careful examination, was of opinion, the child being small, and the bony pelvis of favorable dimensions, that some delay, in anticipation of increasing pain, was warrantable.

About ten o'clock, considering further delay prejudicial, Mr. Price was preparing to turn, when a few forcible and rapid uterine contractions bore the entire presentation on the perineum, when the child was quickly expelled, alive. The placenta soon followed, no untoward symptom supervening. The child is yet living, but weakly.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JANUARY 27, 1844.

We have so often had occasion to state our views on the subject of medical reform, that, were it not advisable to bear in mind that the struggle is yet to come, the battle yet to be fought, we should not now have deemed it necessary again to reproduce them. But though it may be unnecessary to remind our readers that the granting of new charters to the Colleges of Physicians and Surgeons, whatever the provisions of these charters may be, can by no means be considered as *the measure* called for by the existing wants of the community and the requirements of the profession, nor as forming any substitute for it, it may still be desirable once more to bring forward those principles for which we ought to contend, whether in public petitions and memorials to the different branches of the legislature, or by private conference with individual members of either House of Parliament.

The subject of a reform, or re-constitution of the medical institutions of the country, possesses a two-fold claim to consideration by the government and the legislature—first, on account of the vast importance which it is to the general welfare that a well-educated body of men, thoroughly competent to undertake the management of disease, should be provided; and, secondly, that the interests of such a body should be so protected as to give the individual members of it every possible claim to public confidence and respect.

It is scarcely necessary to urge the importance of health to the community. Independently of the personal and family suffering which a deviation from this state entails, the whole subject of the sanitary relations of the country is worthy of deep consideration, on account of the loss experienced by the public from the inefficiency of that portion of the population laboring under sickness, the charge to which the public funds become liable for the support of a large portion of the sick and their families, and the pauperising influence which severe or long-continued ailments exercise upon great numbers of the operative, that is, of the productive, classes of the population. Various diseases require much and accurate knowledge for the detection of their nature, and for the adaptation of the most appropriate treatment; and unless the diseased condition is actually detected, the precise deviation from health ascertained, and the

most efficacious methods of cure had recourse to, not only will there be much loss of time in the aggregate to the sick and to the state, but also the great risk of permanent injury to the health, strength, and constitution, and consequently, where heads of families are the sufferers, of permanent charge on the public funds.

No one would knowingly confide the repair of a delicate piece of machinery to the hands of an ignorant or unskilful mechanic; neither should the management of that most elaborate and delicate of all machines, the human body, where its powers are impaired or its structure injured, be confided to any but those whose competence for the task has been fully inquired into and tested. On the supposition that only one day's work is, on the average, annually lost to each individual inhabitant of this kingdom from the want of proper qualifications in the medical attendants, the aggregate loss of time would amount to above 2,739 years for each million of the population; and estimating the average value of that time at 1s. 6d. per day, the aggregate annual loss to the adult working population alone could not be less than £500,000 in money, and, in productiveness, an amount which it is impossible to estimate.

The expediency of providing by legislative enactment for the public health, through the medium of efficiently qualified medical practitioners, has been recognised for centuries. The preceding statement will show the necessity which there exists that the amount and value of the qualification should be carefully fixed and rigidly tested. The call which is now made for legislative interference arises out of the anomalous state into which the medical profession throughout her Majesty's dominion has, from various causes, been thrown. The separate and distinct political jurisdictions into which this country was at one period divided, and the necessity felt from time to time for providing for special requirements, seem to have led to the formation of numerous medical incorporations and establishments. These institutions have exercised the right granted to them at different times, and under diverse circumstances, of conferring diplomas and licenses to practise medicine, and, as a natural consequence, the several licenses have legal authority of various extent, both as to the precise locality in which they are held to be valid, and as to the amount of qualification required in those who hold them. Some are of effect, or held to be of effect, in one portion only of her Majesty's dominions; others extend to all, while it is doubtful whether others confer any legal authority whatever to practise the art of medicine in any of its branches. Again, some of these licenses confer the right to practise in one department of medicine only, while no two of the several institutions from which the licenses are derived correspond in the nature and amount of qualification required from the candidates; yet the principles on which the practice, as well as the science, of medicine rests, are the same wherever disease occurs.

Medicine, as a science, is one and indivisible; and though, for purposes of convenience, and to provide for the attainment of higher degrees of excellence, it is desirable that provision should be made for allowing individual practitioners to devote their chief attention to the cultivation of practical skill in one or other of its departments, the great majority of those who are called upon to treat disease among the public at large must be neither exclusively physicians, exclusively surgeons, nor exclusively accoucheurs. They ought to be well-grounded in, and sufficiently acquainted with, the practical management both of internal and external diseases, and qualified to give efficient aid in case of accident, and to undertake the charge of females during pregnancy and labor.

These principles are acted upon in all departments of the public service. The union medical officer is required to produce his license to practise medicine, surgery, and pharmacy. The army and navy medical officers are expected to understand and to treat medical as well as surgical cases. It is, therefore, fitting that the principle should be carried out, and that all who are to be licensed to practise medicine should be required to study, and to produce evidence of having studied medicine as a whole—that such a course of study should be marked out as shall provide for sufficient preliminary qualifications in every department—that the minimum account of such qualifications to be required should be fixed and uniform—and that it should be tested by an efficient, and, as far as practicable, uniform system of examination. Upon these requirements being satisfactorily complied with, and not till then, the license to practise medicine in each and all its branches should be granted.

It has been stated that the licenses to practise, as at present granted by different licensing bodies, are understood to be of more or less limited, and some of them of very confined, extent; but if the preceding requirement, as to the preliminary qualification, be attained, there can be no sufficient reason that the license to practise, granted in consequence, should not be valid, and extend throughout the whole of her Majesty's dominions. The requisite qualifications having been attained, tested, and certified, the possessor of such qualification ought to be allowed, and received as eligible, to practise either in England, Scotland, Ireland, or the colonies, in the metropolis, or the provinces, wherever his inclination or convenience may induce him to take up his abode. For the public advantage, so that he possesses the requisite amount of knowledge, it matters not where he has attained it; and his qualifications being ascertained and legally certified, no further restraint, cal-

culated to favor this or that collegiate establishment, school, or corporate body, should be placed upon him.

But if it be of importance to the general community that the licensed medical practitioner should be competently qualified for the practice of his profession in all its branches, it is at least of equal importance that all those persons attempting to practise medicine, whose competency has not then been duly and legally tested and certified, should be excluded, under sufficient and easily recovered penalties. The public ought to be protected from the malpractices of ignorant and unqualified persons; and the medical practitioner, after having gone through a prescribed course of arduous study, and complied with all those requirements which the exigencies of the public service demand, has a right to such protection as the law can afford him in the exercise of those duties for which the law requires from him such special qualification.

It now remains only to point out that, for the better insuring a compliance with these provisions, and for the giving due effect to them, it appears desirable that the medical practitioners so qualified should be incorporated together into one general body, and that the regulation and government of such corporation should be vested in its members. Without some provision of this kind the general practitioners —those who are possessed of this primary qualification, and devote themselves to the practice of medicine in all its branches—must remain disunited, inefficient, and without the power of availing themselves of that protection which legal enactment may award to them; and, if incorporated together, it is manifest that, in accordance with the general institutions of the country, they are entitled, under suitable provisions, to the election of their own council or governing body, and to the appointment also of representations in any more general council or board which it may be thought desirable to establish for the consolidation of the whole medical profession.

A consideration of the foregoing statement will show that the requirements of the members of the medical profession may be summed up as embodying the recognition of these leading principles:—

Uniform and efficient primary qualification in every branch of medical science and practice;

Equal right for all so qualified to practise throughout the whole extent of her Majesty's dominions;

The adoption of the representative system in the formation of the councils or governing bodies.

The recognition of these principles as the basis of any measure for the constitution of the general body is believed to be in accordance with the views of a very large majority of the medical profession, and the carrying of them out efficiently, would without doubt be most acceptable to a highly intelligent and important class of the community, while it would at the same time insure a vast amount of benefit to the public in general.

REVIEWS.

Natural History, Pathology, and Treatment of the Epidemic Fever at present prevailing in Edinburgh and other Towns; illustrated by Cases and Dissections. By John Rose Cormack, M.D., F.R.S., &c. &c. London: Churchill, 1843. pp. 182.

Account of a Malignant Fever which prevailed at Rondout, Ulster County, New York, in the Months of August and September, 1843; *with an Inquiry into its Nature, and into the Question of its Importation in the Schooner Vanda; based upon an Investigation of the Disease at Rondout during Nineteen Days, and upon the Private Correspondence of the Mayor and Resident Physician of New York.* By Samuel Forry, M.D. pp. 54 [From the New York Journal of Medicine for November, 1843.]

We are always glad to receive histories of epidemic diseases. The aspects presented by fevers at different periods, and in different climates, differ as widely as light does from darkness; the recorded reference, therefore, of various times and places should be laid before the practitioner, in order that he may be prepared to cope with the invasion of any new and strange disease.

We have before us two accounts of epidemic fevers on opposite sides of the Atlantic, which prevailed about the same time and presented nearly the same phenomena. Both are drawn up by gentlemen who personally investigated the diseases in question, and both of whom are well qualified for the task.

We will begin with an account of the fever in Scotland, and give a copious analysis of Dr. Cormack's book, which it very well deserves. Let us mention *in limine* that one great point which Dr. Cormack's work abundantly proves is, that yellowness of the skin and vomiting of a black liquid, the two symptoms of what is called *yellow fever*, are not observed merely in one particular kind of fever, and that, too, confined within a certain geographical range; but that being effects of a vitiated condition of the blood and of an intensely congested state of the abdominal viscera, there is no fever whatever at any time or place, which may not, under certain circumstances, present them. Having premised thus much respecting this point, to which we shall again briefly allude before we terminate, we will proceed to examine Dr Cormack's history at some length.

The fever of which it treats has prevailed more or less during the last two or three years in Scotland; but the particular epidemic in question seems to have first gained ground in the spring of 1842; and the following extract will give some idea of the extent of its diffusion:—

Fever Patients.

"In April, 1843, there were in the infirmary 96
„ May „ „ „ 133
„ June „ „ „ 161
„ July „ „ „ 206
(In July, 1842 „ „ 55)

The Janitor's house was first opened to accommodate more patients. Next the New Fever Hospital was opened in the beginning of August, with 60—soon afterwards increased to 86—beds.

On August 14 the infirmary, &c., contained 280
„ 23 „ „ „ 306

The Lock Fever Hospital was opened on September 1, with 35 beds.

On September 11 there were altogether . . 371

Next, the Male Shed was opened with 26 beds; and on the 20th of September the Chapel and Servants' rooms were fitted up with 20 beds.

On September 25 the number was . . . 469

The Female Shed was opened on October 9, with 55 beds.

On October 11 there were 482
„ November 6 „ . . . . . 501"

Dr. Mackenzie says that he believes 15,000 persons have been affected with it in Glasgow.

Dr. Cormack divides the disease into two forms, the symptoms of which differ, however, only in degree. In the milder, or, as he terms it, the *moderately congestive* form—

"The countenance of the patient has a peculiar appearance, which we may designate *bronzed*, for want of a better term. Though no words can accurately convey what is thus attempted to be described; the appearance itself is very characteristic, and has never failed to arrest and interest the medical visitors to the hospital, to whom it has been pointed out.

"The symptoms of invasion are in all cases remarkably similar, both as to their nature and order of occurrence.

"The patient is first seized with coldness, rigors, headach, pain in the back, and more or less prostration of strength; but the latter symptom, it must be remarked, is not at all urgent. * * *

"After a period, varying from less than half an hour to several hours, the cold fit terminates, when the severity of the headach greatly increases, and a dry burning heat comes over the whole body, accompanied by much thirst and general uneasiness.

"The hot stage is succeeded by a sweat, usually very profuse, continuing for a number of hours, and seldom attended or followed by any relief to the headach or other pains.

"Sometimes, though rarely, there is no sweating for two or three days after the seizure. * * * Occasionally, also, there is no well-marked hot stage between the cold and the sweating fits; and in at least a few cases the sweat breaks out on the face and upper part of body, whilst the patient is yet in his initiatory rigors.

"It is proper to remark that, during the whole course of the disorder, the perspiration has a characteristic disagreeable smell, and is decidedly acid, as is proved by its reddening litmus paper, and that sometimes with intensity.

"During the three stages of the initiatory paroxysm the pulse is rapid, being sometimes as high as 150, seldom below 90, and commonly ranging between 90 and 120. During the rigors, in several cases, I have found it very wiry and tremulous; in the hot stage it is often hard, and not very easily compressed; at the sweating period it becomes fuller and softer, and does not exhibit that deficiency in strength shown after and during the perspirations of a more advanced period of the fever.

"For the first forty-eight hours the tongue commonly continues moist, exhibiting at the same time a white or brownish yellow fur, excepting at the point, where there is usually a clear space, extending over a space, often (as in *typhus abdominalis*) shaped like a triangle, the extremity of the tongue forming the base. Afterwards the tongue becomes dry, and longitudinally streaked in the centre with brown, in which state it continues till the approach or arrival of the crisis, at from the third to the ninth, but, in the majority of cases, on the fifth day.

"During the first four days some of the patients have occasional short rigors; but most commonly they are in a state of dry ardent fever, with occasional sweatings. These sweatings occur, or at all events commence, in most cases between two and nine, a.m.; but to this rule there are many exceptions. In a considerable proportion, even of the ordinary and mild cases, nausea and vomiting usher in and attend the sufferings of the first days. Pain at the scrobiculus cordis generally accompanies these symptoms; not unfrequently it is present without them. A symptom which uniformly occurs during the first four days is severe muscular and articular pain. General uneasiness or pain in the abdomen (but particularly above the pubes, and over the liver and spleen, when pressure is made on these regions) are very commonly, but by no means uniformly, met with.

"So long as the patients suffer much from the symptoms now described, they sleep badly, and frequently not at all, unless opiates are administered. The severe pains in the joints and muscles are often sufficient to account for the bad nights complained of; but even with those who do not suffer much from this cause, sleeplessness is a distressing symptom up to the crisis.

"A remission on the third day is very common. It occurred in all the cases which I have had an opportunity of attentively observing from the invasion onwards.

"On or about the fifth day there is an evident manifestation of the violence of the disorder being expended, and this change for the better is often very sudden and complete. One day we hear the patient moaning and groaning in pain, and on the next he is at ease and cheerful, his only complaints being of hunger and weakness. This state is generally ushered by a copious sweat, or by epistaxis or diarrhœa. The sweating was by far the most common critical evacuation till the beginning of October, when diarrhœa and dysentery, formerly rare occurrences, became common; and, at the present time (October 30), they are as usual as sweatings. After this change the pulse, tongue, and skin are quite natural, and the facial bronzing often becomes much less striking. For several days, or till about the fourteenth or fifteenth day of the disease, there is a period of intermission,

during which a great deal of lost strength is regained, and a steady improvement goes on in all respects.

"On or about the fourteenth or fifteenth day from the beginning of the disease the patient relapses—or, in other words, has a paroxysm of fever, similar to that which began his first attack. The relapse takes place late or early, just according to the date of the first convalescence, as will be clearly seen from all the cases to be detailed. It sometimes happens that the onset and the progress of the second attack is attended by severer and, at other times, by milder symptoms than those of the first. In the relapse abortions most commonly take place.* In it, also, the muscular and articular pains are very often most severe. Cases, which in the first attack were strictly mild and ordinary, have in the second become signalised by jaundice, delirium, diarrhœa, dysentery, and other grave symptoms. Such occurrences are, however, not common.

"A large number of patients have a second and generally mild relapse on or about the twenty-first day. As these relapses take place often after dismissal from the hospital, it was some time before I discovered the frequency of third attacks.

"In those who are young and of good constitution the convalescence is rapid and complete. In the old and debilitated it is otherwise; but I have never seen any one, old or young, die of the ordinary form of the fever."—p. 3—6.

So much for the symptoms of the milder form. In the severe, or *more highly congestive* form—

"One of the most common symptoms is yellowness of the conjunctivæ and of the whole surface of the body. It generally appears between the third and seventh day, and is always most intense on the face, neck, chest, abdomen, and thighs. The hue of the neck and chest is the most vivid; then comes, of equal, or nearly equal, brightness, the abdomen; then, somewhat fainter, the thighs; then, considerably paler still, the legs, arms, and forearms; the hands and feet get their color later, always to a much less extent, and sometimes not at all. The yellowness occasionally appears during the relapse, and not in the first attack. I have seen it present in both.

"Associated with the yellowness there are generally depression, less or more delirium, dusky and often porter-colored urine, black melæna-like stools, and hæmorrhages from some of the mucous membranes. In the worst of the cases black, coffee-ground-like matter is ejected from the stomach, and passed per anum.

"In some cases the black vomit occurs without the yellowness; and, on the other hand, at the autopsy of yellow patients who have had no black vomit, this matter has been found in the stomach and other parts of the alimentary canal.

"Enlarged liver and spleen, and tender and lymphatic abdomen, are less constant, but still very usual symptoms in cases characterised by yellowness or extreme congestion. Difficult micturition has been complained of by several of my yellow and purple patients.

* "In one or other of the attacks, pregnant women almost invariably miscarry. My assistant, Mr. J. W. Reid, attended a dispensary patient, who did not miscarry till a second relapse, about the 21st day."

"A deep persistent purple color of the face, appearing before, or immediately after, the invasion of the disease, is a certain prognostic of danger, and is seldom absent in those destined to be yellow. Since I first made this observation it has received, among others, two notable verifications in the cases of my assistant, Dr. Heude, and Mary Wallace, one of the nurses. Dr. Heude I pointed out to my other assistant, Mr. Reid, as deeply purple at noon, when we were engaged with the visit; at three, p.m., he was in the initial paroxysm of the fever. Mr. Reid and I remarked Mary Wallace becoming first bronzed, and at last purple, before she was laid up, and, in consequence, advised her to take the chlorinated solution, which she did not do. Both became yellow, and both narrowly escaped with their lives.

"With the exception of the purple countenance, the symptoms which usher in the congestive form of the disease, differ little from those attending the disorder in its milder degree. As has already been remarked, there is some considerable difference in the cases as to the time at which the yellowness appears.

"Generally, in the severe cases, there is merely a remission about the seventh day, but no intermission; and even in those who died a few days later, a slight amendment was noticed about the usually critical period."—pp. 23, 24.

From the above statement it will be gathered that this epidemic differs in many essential points from common fever. These differential points are summed up by Dr. Cormack as follows:—

"1, The sudden and violent invasion of the disease; 2, Bronzing, leadening, or purpling of the countenance before and after seizure; 3, The almost uniform occurrence of one or more relapses; 4, The unusual number of cases with yellow skin, black vomit, and hæmorrhage; 5, The short duration of the pyrexial state, and its mode of termination; 6, The severe muscular and articular pain; 7, The rosy, elliptical eruption resembling measles is absent in almost every case in the present epidemic; 8, Severe vomiting is much more common, as are likewise gastric, gastro-hepatic, gastro-splenic, and gastro-enteric symptoms. —p. 84."

We must dwell further on some of these points. The bronzing or purpling of the countenance was said by many observers to remind them of the Walcheren fever, and of the fevers of the West Indies; it brought to Dr. Cormack's recollection the aspect of the inhabitants of the Pontine marshes.

"The authors who have described yellow fever with most minuteness," he continues, "mention a peculiar change in the color of the countenance before it assumes the yellow cast. Audouard, in describing the Barcelona epidemic of 1821, pictures to the very life the way in which I have seen the yellowness come on in our present fever—the dingy bronzing or leaden hue, as it were, sliding into the yellow."

Respecting the frequency of relapses, Dr. Cormack believes them to have occurred with scarcely a single exception. Dr. Craigie states them at about 60 per

cent.; but Dr. Cormack justly observes that it is difficult for a hospital physician to trace the history of his patients after their dismissal, or to know whether they relapsed or not.

An unusual number of patients exhibited *yellow skin, black vomit, and hæmorrhage*. On this point says Dr. Cormack—

"Yellowness and black vomit have by most writers been taken as characters of special disease; and we find remittent and continued fevers, when prevailing epidemically, each described under the designation yellow fever. A very cursory, if judiciously directed study of the literature of this disease will convince any one that the term *yellow fever* is applied to fevers differing widely in their character, constitution, and mode of propagation. Four years ago I visited Barcelona, Gibraltar, Cadiz, and other towns of the Mediterranean where the epidemic prevailed, described as yellow fever by Moreno, Louis, &c., and conversed with the physicians most conversant with the disease; and I never heard from any one of them, as I find on referring to my notes, any diagnostic characters of this fever excepting the yellow skin and black vomit; though in a majority of the fever cases occurring at that time these symptoms were not seen. In ordinary conversation the term may be allowed; but it ought to be banished from the scientific nomenclature of disease; inasmuch as yellow skin, and black vomit, black stools, and urine, and hæmorrhages, are consequences of congestion liable to occur in fevers of all types and countries."

This position Dr. Cormack maintains by showing that these so-called pathognomonic symptoms of yellow fever have at various times and places been observed as complications of many other varieties of febrile disorder. They occurred in an epidemic which visited Scotland in 1817—20, and which was chronicled by Dr. Welsh. They are mentioned by Dr. Christison as "an important though rare complication of fever." They are spoken of by Mr. Goodsir, in his narration of a peculiar form of epidemic fever which prevailed in the eastern district of Fifeshire in 1841—42. "Up to the year 1840," says Mr. Goodsir, "the symptoms and dissections indicated that the local complication was confined to the solitary and aggregated glands of the ileum and cœcum. In 1841 and 42, the disease, although still exhibiting the *same mode of origin and propagation as in the more ordinary forms of continued fever*, was almost always accompanied by jaundice, &c. &c. Yellow skin and black vomit were observed by Andral as concomitants of typhoid fever in Paris in 1822. Dr. Graves met with the same symptoms in an epidemic in Ireland in 1827. He observed respecting them, that the fevers of Ireland and of warmer countries differed in degree, but not in pathology, and in fifteen cases in particular could detect no difference whatever between the symptoms presented and those of the yellow fever of tropical climates.

In continuation of this line of reasoning, Dr. Cormack quotes from Larrey and other military authors, to show that under certain circumstances traumatic fever assumes all the characters of yellow fever. Sir George Ballinghall describes a peculiar yellow hue of the skin as not unfrequently supervening upon wounds and operations; and this he says he has seen in Edinburgh as well as at Seringapatam or Batavia. A seaman had his limb amputated below the knee. his stump sloughed, fever ran high, and was attended with a dingy yellowness of the skin, and in a few days the patient died. Sir George observed to the surgeon of the ship that the case wanted nothing but the black vomit to make it a complete case of yellow fever; and on opening the body it was found that this was not wanting, for the stomach contained a large mass of dark grumous fluid, resembling coffee grounds.

Yellow fever, continues Dr. Cormack, has frequently broken out in ships at sea, when there has been no communication with any vessel coming from any infected port, or from any place subjected to miasmata. "In such cases it has generally been remarked that the ballast had been altered, or the hold rummaged for some particular purpose. This would obviously cause putrid miasmata to ascend through the ship. The stench and putrid odor on such occasions is often terrible, nor is this to be wondered at when we reflect upon the corrupted water, dead rats, and decayed animal and vegetable matter of all kinds which is too often allowed to accumulate in the holds of vessels, and allowed to rot there unmolested for years."—p. 97.

From a careful study of 200 cases, and the casual observation of twice as many more, Dr. Cormack found "that many patients had an interval of perfect health between the attacks, whereas others had only a remission—that a number of both these classes of patients had jaundice, hæmorrhages, and vomiting of black matters—yet so distinct was the connecting link between these groups, that it never occurred to me (nor to any one else, I suppose) to consider that these variations in some of the phenomena constituted two distinct fevers." It is only by arbitrary methods of classification that it can be made appear that "the fevers of tropical climates are different from those of this and other temperate countries; whereas, were epidemics of different climates studied as they actually occur, 'it would be found that fevers differ as to their degree, or complications, but not as to their essential pathology.'"

Dr. Cormack gives full consideration to the interesting question as to what relationship there existed between the fever which presented this strange tendency to abdominal congestion and the common typhus.

"Certainly, one of the most remarkable distinctions between the symptoms of the epidemic which now

prevails, and that which has been common in Edinburgh for a number of years past, is the absence, with some rare exceptions, of the rosy, elliptical, and elevated spots resembling measles, which disappear on pressure, and return when the pressure is removed."

"While the almost universal absence of the typhoid eruption presents an obvious difference between the phenomena of the ordinary and present epidemics, yet its occasional presence suggests to us the important inquiry, whether the two fevers, though apparently so different, are not the results of modifications of the same morbid poison?

"On this subject Dr. Alison remarks, 'It is a curious and interesting question, whether this kind of fever has proceeded from the same poison as the usual typhoid fever of Edinburgh, or is truly a separate disease? It is quite certain that the one has succeeded the other within narrow limits, both of time and space, in different parts of the town; and I have seen two instances in which strictly typhoid cases, with the characteristic eruption, have been brought in from the same rooms, in which a succession of the milder cases have occurred at the same time. But, on the other hand, I am aware of several cases, carefully investigated by my friend and colleague, Dr. Henderson, in which a succession of protracted typhoid cases has been traced to one room, while all the cases in the neighbourhood have been of the mild and short fever. And one man under my care, after passing through a protracted typhus, with the characteristic eruption, and threatening of ulceration of the bowels, relapsed, with the symptoms of the usual epidemic, of which cases were lying beside him, and had the usual crisis, and second relapse,—so that he might be said to have gone through both diseases in their present form, before leaving the ward.'

"We find the ordinary eruptive typhus driven from the field;—the present form of fever gradually springing up as the other decreased. I am aware that it has been alleged, in conversation, by some physicians, that the few cases which have presented the rose-red fever eruption did not relapse,—were of the continued type,—and, in fact, were cases of a different disease. To this opinion I was also at first strongly inclined, more especially as it was currently alleged, that these cases could be traced to *foci* of contagion, where the same form of the disease prevailed. This opinion, however, is not tenable. It may be true that the cases of what are termed 'true typhus' come pretty generally from the same houses; but, then, do they not come also from the same families? May it not be peculiarity of constitution in these individuals, which determines this particular manifestation of the morbid poison? Though the constitution of an epidemic gives to it a character, yet idiosyncrasy causes families and individuals to be affected differently from the generality of persons. Who will maintain that the scarlatina poison does not produce mild cases without sore throat and eruption, as well as those with one or both of these characters?

"Now, no person who saw the rosy spots in the case of Mary Wallace, *on their first eruption*, could say that it was not the true measly typhus eruption; and yet the bronzing, purpling, and jaundice, along with the urgent vomiting, rheumatic pains, and the relapse at the usual period, proclaimed unequivocally that she was afflicted with the prevailing epidemic; or rather, perhaps, a sort of bastard between the two forms of fever. She took the fever in the hospital, where, at the time of her seizure, there was not a single case that either had, or had had typhus eruption. Facts are wanting to enable us to speculate with advantage upon the question, as to whether all of those occasional cases with eruption proceed from the same poison as those without it; but this, at all events, can be stated, that there is such a thing as persons being occasionally affected with the measly eruption, in addition to the usual symptoms of the present fever; such persons, moreover, apparently getting the disease from a contagious poison evolved from, or generated by, persons congregated together, affected only with the prevailing form of the fever.

"When I commenced the observation and study of the present fever, and, indeed, for a considerable time afterward, I regarded it as *essentially and totally* different from typhus; but recent circumstances, and more matured weighing of evidence, have greatly modified this opinion. In the case of Mary Wallace, a bastard fever was distinctly recognised; and as the season advanced, all the cases have been more characterised by depression and general typhoid symptoms. The cases of continued fever, with and without measly eruption, are becoming more common in Edinburgh, and also in Glasgow, as Dr. Weir, of the hospital there, informs me."

Whilst describing the peculiarity of the gastric and gastro-enteritic symptoms, after remarking that pain in the epigastrium and vomiting were seldom absent even in the mildest cases,—

"In the most malignant of the cases there is sometimes a fine inky sediment in the vomit; at other times the grounds are grumous, in consistence like the thick part of hare soup, and varying in color from dark brown to black. In the fatal case which occurred to me the other day, there was a thick matter at the bottom of the vessel, resembling the dark green mud which collects in pools of stagnant water. Upon repeatedly washing this sediment with water, the green color was almost removed, and what remained was like the grounds of hare soup.

"The grumous matter of the black vomit, in its various forms, is unquestionably blood extravasated from the capillaries of the stomach, and chemically altered by the action of the acids of the stomach upon it. That the black vomit is altered blood has been again and again demonstrated at our autopsies, by tracing it to the sources of its extravasation, and finding large clots of blood in the submucous cellular tissue of other parts of the intestines in the same cases. The black color is probably produced by chemical action between the acids of the stomach and the iron of the blood."—pp. 103—8.

In continuing his account of the pathology of the disease, Dr. Cormack does not omit to mention the state of the blood:—

"That the blood really is in a dissolved state was made perfectly manifest to us, first, by the imperfect coagulation which it underwent when drawn from the veins of patients, a homogeneous spongy mass being

formed, in place of a firm fibrinous clot, with a supernatant serosity; second, by the ecchymosis which was uniformly observed to surround flea-bites or other slight injuries of the skin; third, the frequent occurrence of purpurous spots; fourth, the hæmorrhages; and, fifth, the discoveries made by the microscope."

Dr. Allen Thompson examined the blood in several cases, and found an unusual number of what he calls pus globules; and in addition to this, in some cases all the globules were serrated or notched.

Respecting the mode of propagation, he observes—

"The disease is contagious. Of this we have sufficient evidence in the fact that almost all the clerks, and others exposed to the contagion, have been seized. Dr. Heude, and his successor, Mr. Reid, in the New Fever Hospital; Dr. Bennett, my successor there; Mr. Cameron, and his successor, Mr. Balfour, in the adjoining Fever House; as well as most of the resident and clinical clerks in the Royal Infirmary, have gone through severe attacks during the past summer and autumn. Hardly any of the nurses, laundry-women, or others coming in contact either with the patients or their clothes, have escaped; at one time there were eighteen nurses off duty from the fever; and of those who have recently been engaged for the first time, or of those who have hitherto escaped, one and another is from time to time being laid up.

"It may be fairly objected that, while these illustrations incontestibly prove that the disease is contagious, they do no not give a fair view of the degree in which it is so, inasmuch as all the individuals specified were not only much exposed to the poison, but were also, from the laborious nature of their respective duties, peculiarly predisposed to succumb under its influence. It is admitted that fatigue is a predisposing cause, and also that the contagion is rendered infinitely more dangerous by the *consortus ægrotorum*, even in well-ventilated fever wards, than it is in other circumstances.

"Long-continued exposure to the poison seems also to operate most evidently against the chance of escape, as we find that comparatively few of the dispensary medical officers and pupils—a very numerous class—have taken the disease. These gentlemen are much exposed to the fever, and undergo a great amount of fatigue; but they are generally with their patients only for short periods, and have constant opportunities of inhaling an uncontaminated atmosphere."

"From the number of laundry-women that have been attacked, it appears that the clothes of our fever patients are especial repositories and communicators of the morbid poison. An interesting fact, which may be introduced here, as it is probably to be explained by what has just been stated, was communicated to me by Mr. Nicholson, from the island of Skye, one of my pupils. He informed me, that two reapers, who had had the fever in Edinburgh, arrived in his neighbourhood after their return home at the close of the harvest, when not a single case of the fever had been seen in the district. The mother of these persons, with whom they lived from the time of their arrival, was, in a few days, seized with the disease, and died. Other severe and, in several instances, fatal cases occurred among the neighbours, who had waited upon her; and the disease is now spreading to such an extent over the whole territory, as greatly to alarm the inhabitants. The people consider it a new pestilence among them, and are so dismayed at its appearance, and so afraid of its contagion, that they are ceasing to attend at church on Sunday. It is not, of course, to be supposed that all of the Skye cases have originated in the arrival of the two individuals referred to; because shortly after they returned, many others came back from their annual visit to the south, among whom were not a few who had been patients in the fever hospitals of Edinburgh and Glasgow."

The remainder of Dr. Cormack's work is occupied with an account of the post-mortem appearances, the sequelæ, and the treatment of this disease. Of the first we will give two specimens, merely observing that our author proves their entire identity with those of the yellow fever, as observed both in the West Indies and also in Spain.

"George Johnstone, aged 20; died on the seventh day. Bile-ducts pervious; gall-bladder contained inspissated bile; gastro-intestinal mucous membrane dark colored, with black patches, and submucous exudation of blood; heart very soft; kidneys yellow in all their textures; liver natural; yellow serum in ventricles of brain; brain natural; yellowness of all the white tissues.

"Archibald Campbell, aged 40. The day of the disease on which he died is not known. Bile-ducts pervious; gall-bladder contained tenacious inspissated bile; gastro-intestinal mucous membrane vascular, with submucous exudation of blood; stomach over one-third of its surface was very black, from blood effused on the surface of, and under, the mucous membrane, and the same appearance was found in other parts of the intestines; spleen weighed eight ounces, and was easily broken down; the white textures generally were yellow; heart healthy; under endo-cardium, especially in the left ventricle, there was considerable effusion of blood."

The *sequelæ* consisted of a peculiar form of ophthalmitis, which has been copiously described by Dr. Mackenzie. in the London "Medical Gazette," and of glandular swellings, effusion into joints, cutaneous affections, palsies, &c.

The indications of *treatment* will be seen from the following summary of the morbid actions which require to be combated.

"1st, Congestion of the mucous membrane of the stomach and intestines, terminating in effusion of blood, and subsequent destruction of large portions of this tissue.

"2d, Congestion of one or more of the abdominal viscera, particularly of the liver and kidneys, disabling them from the performance of their secretive functions, thereby causing bodies to circulate with the blood which ought to be separated from it, and which bodies we know act as poisons when not so eliminated

from, or when directly introduced into, the circulation.

"3d, Debility and sinking.

"4th, It will also be necessary to speak of the measures to be adopted to prevent or modify relapses."—p. 150.

Of the remedies which are spoken of we will make the following short notes :—

Bloodletting meets with very little favor. Few patients bore the loss of ten ounces, and some fainted even after only two or three had flowed. There were some cases in which it appeared to give relief to the headach; but in others the same relief occurred, although no treatment whatever was adopted. We do not wonder to find the author summing up his experience by saying that he never had occasion to regret the resolution not to bleed.

Diaphoretics.—Dover's powder, antimonials, *liquor ammoniæ acetatis*, &c., were soon abandoned. Sinapisms were occasionally used to relieve vomiting.

Heat and Moisture to the Skin.—The general warm bath was too exhausting; but sponging with hot and tepid water, and bathing the legs and feet in hot water were of signal advantage in producing diaphoresis and allaying restlessness. Hot poultices and fomentations were useful in all the abdominal complications. Wrapping the patients in blankets wrung out of hot water, and covered with several dry blankets, caused profuse perspiration and great relief in the case of several children.

Cold to the surface, by means of sponging, was a great comfort when the heat was great, and the surface dry. "If the application of cold water is deemed safe, the wet sheet of the hydromaniacs is not to be despised. It was a favorite remedy of Bancroft, in the yellow fever of Jamaica, long before cold water became the watchword of a set of ignorant gasconading empirics."

To allay thirst, warm drinks seemed to excite vomiting less than cold. Small crystals of citric acid allowed to dissolve in the mouth often quenched thirst when nothing else would.

Purgatives, it may be well imagined, were most important remedies; to clear out the bowels fully and daily, without exciting pain, flatulence, or serous discharge. Dr. Cormack speaks highly of the rapid and efficient, yet unirritating action of croton oil.

Diuretics.—Urea was looked for and detected in the blood and serous effusion of some of the patients therefore it was desirable to keep the kidneys in proper action by nitre, nitric æther, and fomentations to the loins, &c. When alarming head symptoms are associated with scanty urine, the treatment should be directed to the kidneys, in order to eliminate the urea, which acts as a poison if retained.

To check vomiting, opium, clysters of morphia, creosote mixture, and sinapisms.

Mercury.—After full deliberation, Dr. Cormack believes that cases recover as well without as with this drug; and the convalescence is not retarded by ptyalism. Salivation and recovery often go together; but they do not stand in the relation of cause and effect notwithstanding.

We must now request our readers to turn their attention to the other side of the Atlantic, whilst we briefly state the facts brought forward by Dr. Forry.

A fever has been prevalent during the past summer at Rondout, a village near New York. The village in question is situated in a kind of ravine, between precipitous hills, on the bank of a river of the same name, which runs along the bottom. The soil on which the village is built consists of loose, disintegrated gravel and sand, washed down from the adjoining hills, and forming a narrow strip along the bank of the river. There are about two acres of marshy ground in the vicinity. The fever in question was of a bilious remittent type. It is said of one patient—

"As early as June, he was attacked with the bilious remitting form of influenza, characterised by extreme yellowness of the skin and eye, free vomiting of a dark bilious matter, resembling what was subsequently designated as "*black vomit*," and also by great vital depression.

"As the season advanced, the bilious remitting type of disease gradually evinced itself more strongly at Rondout and the vicinity; but no case complicated with malignant symptoms appeared, until the latter part of August."

We will now give extracts from one or two cases, showing the characters of this severer form of the Rondout fever. But before doing so we must inform our readers that Dr. Forry appears (for reasons which we shall immediately show) anxious to establish the fact, that although the skin turned yellow, and there was vomiting of dark liquid, yet that these were not cases of infectious *yellow fever*.

A schooner called the Vanda, laden with salt and damaged pine apples, arrived at Rondout on the 14th of August. This vessel had left Guadaloupe on July 13. The mate had died of fever reported to be typhus, at St. Martin's, on the 22nd. She arrived at quarantine at New York on August 7th; a day or two previously to which, one or two of the men had been ill with mild remittent fever, but soon recovered. On the 14th the captain and some of the crew were seized with fever at Rondout; one of them died. Hereupon a report arose that malignant yellow fever had been imported into this village in the Vanda from the West Indies; the city of New York was in consternation; and all intercourse was prohibited with the supposed infected district, till the resident physician, Dr. Vache, had proceeded thither to ascertain the real state of things. Dr. Forry, who happened to be in the neighbourhood, immediately visited the place, and re-

mained there for some time; and the reports which he furnished to the authorities at New York, together with the investigation of Dr. Vache, soon satisfied the public that the disease had existed before the arrival of the suspected ship, and, consequently, that it could not have been imported; and that the worst cases occurred in persons who had nothing to do with the vessel in question. The panic therefore ceased.

"Case I.—William V. Jessup, aged twenty-two, an American, was taken sick on the 19th of August. This person, according to Drs. Elting and Stringham, had been in bad health for some weeks. He had a foul tongue, and complained of the symptoms characteristic of the influenza then still prevailing, such as loss of appetite, pain in the bones, great prostration of strength, and especially a feeling of weariness in the limbs.

"This case commenced with symptoms of vital prostration. Indeed, Dr. E. supposed it to be typhus, and sent for Dr. Stringham in consultation. The patient had now a feeble pulse, heat of skin not great, vessels of the eye injected, tongue covered with a yellowish fur, with red edges and tip, and the teeth slightly covered with some dark sordes. On the following day (20th), according to Dr. E., he was considerably better, notwithstanding a more frequent pulse and greater heat of skin; but the pain in the head was, perhaps, less than on the previous day. The tongue along the centre had now more of a brownish aspect, while there were slight nausea and some vomiting of bilious matter. Gave calomel, to be followed by salts, which operated well on the third day, causing green evacuations. On this day the symptoms appearing to be all meliorated, a solution of ipecacuanha, with the view to keep up action upon the skin, was prescribed. On the fourth day, as sudden prostration supervened, Dr. Stringham was again called in consultation. Stimulants, such as wine and brandy, were now prescribed, and with apparently good effect, for he slept some the ensuing night; and on the following morning his symptoms were still more favorable. Even the slight delirium which had existed for several days previously, had disappeared; and Dr. E. embraced this opportunity of leaving his patient until ten o'clock, p.m., in order to visit another at Rosendale. But in the night he again became delirious and very restless; and on the next day, eleven, a.m. (Friday), he died. The skin after death was of a lemon yellow color, and not of the mahogany cast peculiar to yellow fever. On Wednesday, prior to the adoption of the stimulating treatment, he vomited up a dark greenish fluid, with shreds floating in it; but this Dr. E. regarded as of the same nature that he had seen in cases even two months prior, and not as the coffee-ground matter peculiar to yellow fever."

Case II.—George Canfield, aged thirty-three, an American, a clerk in the store of J. D. Middagh, was attacked with the usual premonitory symptoms of fever; tongue moist and lightly furred, slight nausea, and severe pain in head and weight in the back and at epigastrium. Treated by Drs. Elting and Stringham. He took this day (Thursday), calomel as a purgative, followed by Epsom salts and a Seidlitz powder. Evacuations dark green with whitish flocculi on the surface.

"Friday. No change of symptoms—venesection to twenty ounces—spiritus Mindereri. Slight nausea still continues; stools black and generally of more consistency.

"Saturday. More redness of the eyes; yellowness of skin, which is a new symptom in the case; constant change from better to worse and *vice versa*; great prostration. Ordered brandy, in the evening, one tea-spoonful every hour. Stools thick and dark, which were compared to "grease from a cart-wheel."

"Sunday. Towards evening, occasional delirium, pulse 80 and full, gastric irritability, and slight hæmorrhage from the nose, skin yellow, tongue moist and slightly furred in the back part, and very red at tip and edges. Brandy continued, being the only thing that the stomach could retain.

"Monday. On the morning of this day, the patient was first seen by us. He was now much prostrated; tongue had the same appearance as on the previous day; there was occasional vomiting, consisting of a dark bilious fluid, mixed with the blood which he was constantly swallowing as it flowed down his posterior nares. But much of this blood he was incessantly spitting out; and as he was in a state of delirium, he threw it over himself, his bed, and against the wall. Pulse 100, and easily compressed; the hæmorrhage from the left nostril continued since the preceding day, which, we, however, arrested; skin had a lemon-yellow cast; the alvine discharges consisted of a dark fluid, with shreds suspended in it. There was at no time a preternatural slowness of the pulse. There was now no hope of his recovery; the delirium continued, accompanied with hiccough and picking of the bed-clothes; the hands were also affected with tremors, and the muscles with subsultus; and at four o'clock, p.m., he died. This was one of the most violent cases, the patient having died in four days.

"This patient, as well as Jessup and Keator, is not supposed to have eaten any of the pine-apples. Canfield and Jessup, and also Merchant, who recovered, all slept at Middagh's store, on the wharf, in a room on the ground-floor, close, damp, and destitute of all ventilation at night. The earth below this storehouse is all made-ground to the depth of five feet since its erection, formed by the natural disintegration of the adjacent hills, mingled with the wash of the streets.

"Upon the death of Canfield, we immediately resolved, in connection with Dr. Jewett, of Rosendale (Drs. Stringham and Elting being now both confined to their houses by sickness), to make a necroscopic examination, should it be allowed; and fortunately, just at this time, Dr. James R. Manley, of New York, whose acquaintance with this disease extends over nearly the last half century, made his appearance.

"The *post mortem* took place on Tuesday morning, seventeen hours after death. As all this time intervened before permission could be obtained to make the examination, and as the hour for interment had been designated, it was resolved to confine the necropsy to the abdomen. The body was not at all emaciated; it presented a fine development of the

physical frame; and the external surface was of a lemon shade of yellowness.

"The stomach contained a good deal of dark-colored fluid, which was poured into a vessel, and, as this patient was a reputed case of *black vomit*, it was examined attentively. It held in solution dark bile, and perhaps blood swallowed on the preceding day; but it had not in the least the appearance of the coffee-ground black vomit peculiar to yellow fever. The whole mucous membrane, with the exception of the pyloric portion, was in a state of high inflammation; and this tissue was partially disorganised, being readily rubbed off by the pressure of the nail. The liver, spleen, and intestines were in their natural condition, while the gall-bladder was empty."

Dr. Forry brings forward evidence enough to show that a yellow suffusion of the skin is occasionally observed in epidemics in various parts of the United States, and that the same symptoms were observed last summer in other places besides the village of Rondout. As regards his efforts to prove the non-contagiousness of the disease, and its non-importation, we believe them successful.

It will have been made evident by the preceding cases, that there were points of resemblance between the epidemic in Scotland and that on the other side of the Atlantic. But there is a discrepancy in the light in which the authors view the same phenomena, on which we would offer a few remarks.

Dr. Cormack shows, by an immense mass of evidence, that yellowness of the skin (or, rather, a yellow color of the liquor sanguinis), and the vomit-of dark grumous matter, are as it were accidents of fever;—that they depend on a poisoned state of the blood and congestion of the abdominal viscera;—that they may be present in the fever of any time or place, either sporadically or epidemically;—that their nature is the same, whether they occur in cold or in warm latitudes, however much they may differ in degree; consequently he would banish the term *yellow fever*, inasmuch as it is a name for a degree only—or, rather, as it designates, a disease from an accident which is not always present.

Dr. Forry, on the other hand, insists that, although in his Rondout cases there was yellow skin, yet that it was not *the* real tint of yellow fever;—although there was black vomit, yet that it was not the "*veritable coffee ground black vomit of imported West Indian tropical yellow fever !!!*" He believes the disease of which he treats to have been a "malignant remittent fever, with a strong tendency to assume the typhoid type," and not yellow fever; yet he says it is "extremely difficult in many cases to distinguish whether a disease is a yellow fever or a malignant grade of the remittent form." Thus he contends for that as a substantial entity which Dr. Cormack treats as an accident.

We will leave our readers to judge whether Dr. Cormack has not grasped the substance, and Dr. Forry a phantom; and whether all Dr. F.'s fine-drawn distinctions between real and unreal yellow fever do more than establish Dr. Graves's position, that a difference in degree is no real difference in pathology.

Before concluding, let us remark that yellowness of the blood and hæmorrhages are frequent consequences of blood poisoning, from many circumstances. They are caused by the viper bite, by certain mushrooms; in cases of gangrene; in some cases of wounds poisoned by septic matter; and, if we refer to Dr. Ferguson's work on Puerperal Fever, we find them caused by the experiment of injecting putrid matter into the veins of animals, and in cases of puerperal fever. An enlarged and softened uterus, added to the post-mortem appearances of Archibald Campbell, quoted above, might easily represent those of some form of puerperal fever. After the injection of putrid matter into the veins of a dog, the stomach contained a black liquid, like soot and water; the heart and intestines were ecchymosed.

We are not going to enter into the question of contagion in general, or that of yellow fever in particular. The fever at Edinburgh seems to have been certainly contagious; that at Rondout probably not. That the same disease, under different circumstances of intensity, and other causes, should be different in this respect, is no novelty. We believe the common-sense doctrine to be, that fevers are caused by the admission of some poison into the blood; and that, under certain circumstances, this poison is capable, like yeast, of reproducing an infectious miasma. We fully believe that a disease, with almost the same symptoms, may differ widely in this last respect at different times and places.

On Superstitions connected with the History and Practice of Medicine and Surgery. By Thomas Joseph Pettigrew, F.R.S., F.S.A., &c. &c. London: 1844. 8vo. pp. 167.

In this very curious as well as learned work the author has collected together from various sources a great deal of information on alchymy, astrology, early medicine and surgery, talismans, amulets, charms, the influence of the mind upon the body, the royal gift of healing, sympathetical cures, and other quackeries of the olden time. "Man," says Mr. Pettigrew, quoting Southey, "is a dupeable animal. Quacks in medicine, quacks in religion, and quacks in politics know this, and act upon that knowledge. There is scarcely any one who may not, like a trout, be taken by tickling." And truly the work before us affords ample materials wherewith to prove the position.

The great secret of success which unquestionably attends many of these taking modes of dealing with the million, lies in the confidence inspired, and is to be attributed, therefore, to the influence exercised by the mind upon the body. The effect of charms, amulets, talismans, &c., in removing certain diseases, and in affording a certain degree of immunity from the attacks of others, is a familiar illustration of this principle. "There is scarcely a disease," observes the author, "for which a charm has not been given. By classing them according to the disorders for which

they have been recommended and employed, it will be seen that they apply principally to derangements of the nervous system, or to those diseases which are periodical in their character, and known by physicians to be especially subject to the influence of the passions and the emotions of the mind in general." Epilepsy, convulsions, and fits of various descriptions, hysteria, chorea, palsy, sciatica, lameness, headache, toothache, plague, fever, ague, hooping-cough, gout, jaundice, are among the lengthened catalogue of diseases enumerated for which charms have been devised, either as a remedy or as a preventive.

Among these none have been more frequently nor more successfully made the subject of treatment by charms than ague. The following is an example. "Elias Ashmole, in his Diary, April 11, 1681, has entered, 'I took early in the morning a good dose of elixir, and hung three spiders about my neck, and they drove my ague away. Deo gratias!'" The elixir, however, may in this instance have had at least its share in producing the effect. The swallowing of spiders alive, and touching of a dead hand, remedial agents of this description often had recourse to in agues, probably act through the strong impression of disgust experienced in making either experiment.

Warts are among the affections very generally, even at the present day, submitted to the operation of charms. Every schoolboy knows more or less of the practice of selling them to his fellows, and a score of other modes of disposing of these unsightly appendages. Grose's direction to steal a piece of beef, rub the warts with it, and then bury it, is also still followed, and the warts are said to decay as the beef rots. The recommendation to wash the hands in moon-beams is, we presume, now rarely complied with. It was, however, at one time practised by high authorities. Sir Thomas Browne says, "for warts we rub our hands before the moon;" and Sir Kenelm Digby remarks, "One would think it were a folly that one should offer to wash his hands in a well-polished silver bason, wherein there is not a drop of water, yet this may be done by the reflection of the moon-beams only, which will afford it a competent humidity to do it; but they who have tried it have found their hands, after they are wiped, to be much moister than usually; *but this is an infallible* way to take away warts from the hands, if it be often used." Mr. Pettigrew elsewhere gives several curious particulars relative to the presumed influence of the moon in various diseases, as observed by medical practitioners in tropical countries; and when we read the names of Balfour, Lind, Cleghorn, Fontane, Jackson, Gillespie, Annesley, and others, among those who have noticed the effects of this influence, especially in diseases of a pestilential character, considerable weight must attach to the opinion. We cannot, however, enter into the subject here.

Before closing the entertaining work before us, we must make room for one extract more—a quotation from Arctinus, a Greek poet who wrote on the destruction of Troy, from whence it would appear that the division of the medical profession into two branches was even then established and recognised. Speaking of Podalirius and Machaon, known to most of our readers as sons of Æsculapius and grandsons of Apollo, but, according to Arctinus, deriving their descent more immediately from another of the heathen deities, he says—

"Their father, Neptune, on them both illustrious gifts bestowed,
But those of Podalirius the more important show'd.
Machaon got a skilful hand to heal a wounded part,
To soothe its pain, and extricate from flesh the barbed dart;
But Podalirius was taught the secret ills to scan,
Which work unseen within the frame, and waste the inner man."

POOR-LAW GRIEVANCES.

Expediency of making the Surgeon an Ex-officio Member of the Board of Guardians.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In reply to the general invitation of Mr. Guthrie last spring, I took the liberty, in a long and, as it was unacknowledged, I fear troublesome communication, of describing some of the principal grievances which, in my experience, poor-law medical officers had to encounter; and after detailing the hardships and injustice to medical men in the first place—and the probability, nay, certainty, that the short-sighted parsimony, and tyrannical coercion exercised towards them, in carrying out the new poor-law, must, in all cases where the candidate could not or would not bear the loss imposed by a due fulfilment of his bargain, fall with woful effect on the poor, and finally, with vastly increased force on the pockets of the rate-payers, in the shape of *life allowances* to prematurely made widows and orphans, and to the lame, halt, blind, and decrepit victims of such imperious and cruelly mistaken sanitary policy—I endeavoured to impress upon them the *fact* that, after all, the evil felt most acutely by every upright and high-minded man was, in this case, not a pecuniary one (miserable and wholly inadequate as the payment acknowledgedly is to the services required), so much as one of deeply wounded and mortified feeling at the suspicion, distrust, and offensive surveillance engendered by the system, and encouraged by the guardians of many unions, in the boastful but futile attempt to force medical men to their duty; distinguishing not—and there is the great hardship—between gentlemen who take office avowedly prepared, and expecting to sacrifice much, to keep together their private practice, or with the laudable attempt to do good, or with the hope, by strenuous and honest exertion, to cover in time their present loss by a remunerative private practice; and the needy, reckless adventurer, entering with the full power and the horrid determination to make any terms pay.

It is gratifying to a looker-on to see on every side, and have it proved beyond all doubt, by the anxious competition among men of undoubted respectability,

and of the highest standing and talent in their several localities, for appointments of real credit and respectability, to hospitals and other public institutions, where the salary given is out of the question, and which afford nothing but a public and honorable arena for their exertions, that *money* is on no account the idol sought after by medical men in their struggle with the poor-law authorities.

Poor-law unions afford, no doubt, means for professional advancement, for the combination of skill, and for the promotion of medical science, equal to many public institutions, and the payment is proportionably, I think, much greater, even at present, in the former; yet the one is shunned and deserted, while the other is sought after with avidity, the difference lying wholly in the management, which is as liberal and highly encouraging to the profession on the one hand, as it is barbarous and repulsive to it on the other; talent, honor, and high feeling, weighing as nought in the balance against a cringing obsequiousness and supple conscience.

I believe, generally speaking, that the sums named as barely remunerative per case by the poor-law commissioners, in their minute of 1829, if properly regulated, and duly and honestly enforced, which has never been done, would be sufficient, on the score of money, to insure the best medical aid in every neighbourhood. Only make the office honorable and otherwise acceptable to such men, and depend upon it truly efficient and, considering all things, the cheapest medical aid will offer itself. The very highest inducements, socially speaking, in my humble opinion, should be held out for respectable men to connect themselves with the poor-law; and until this is the case, and gentlemanly, courteous, and honorable treatment absolutely insured, not feebly and coldly recommended to obtuse and headstrong intellects, the poor will have nothing of medical aid but the *name*, and the commissioners, instead of a well-organised, learned, and commanding body of men, ready to assist them, and carry out, in a spirited and scientific manner, any sanitary object, have the choice either of depending wholly on their present adherents—mostly persons of no account whatever, and many of them still void of character and qualifications, and unrecognised by any but boards of guardians as medical men—or of appealing, as they have already done, to the humanity, generosity, and philanthropy of the higher order of practitioners, for that assistance and information which may be seen by their reports, for all their ungenerous bearing to the professional body, to have been afforded with no churlish or sparing hand.

In the ardent hope of doing something towards a better order of things, I ventured to suggest to Mr. Guthrie, in the letter above-named, the great advantage likely to follow, in any subsequent legislation on this subject, a provision for the *admission of medical officers, by right, after their election, to all the meetings of the board in the union they are attached to, equal with the guardians in every other respect, but not to have a vote.* A regulation tantamount to this I think will be found to exist in nearly every body to which medical men are professionally attached, and the greatest advantage would, no doubt, accrue to all sides from its being insisted on in any amended poor-law. I have had the advice of very numerous medical friends on this point, who think with me that a clause of this kind would go very far to remedy progressively all their grievances. It would place them on a recognisable and substantial footing, such as their education and standing in society (if chosen according to the latest regulations of the poor-law commissioners, and with due regard to character, and so on), letting alone the valuable assistance to be derived by the boards from their presence, entitles them to; and the courtesy, consideration, and, I may add, the protection almost guaranteed by such a resolution, will ensure their confidence, and prove highly advantageous to the poor, and most of all, I am sure, to the rate-payers.

At present the medical officers have no recognised station in the poor-law service, except of a very menial and derogatory character. They are decidedly the hardest worked, least paid, least thanked, and yet the best educated and most responsible men in the service. The guardians, clerks, relieving officers, and paupers seeking relief, attend the meetings of the boards regularly, are duly provided for in their several capacities, and can be present at any time to meet any unkind or overt reflection; but the medical officers have no right there, and are never admitted unless summoned, probably to defend some ill-natured, pettish remark on their practice, and then have to wait, often for hours, the convenience of the boards, dependant in many unions* on the kindness of the clerk, governor, relieving officers, or paupers, which ever he is most in favor with, for sitting room—a convenience which is very often never offered him at all; and if he be a modest, retiring, gentlemanly, but impoverished member of the cloth, and be unfortunate enough (no uncommon case) to have a malicious and persevering enemy among the guardians, or any of the subordinates above-named, even to his pauper patients, he is an object of the sincerest commisseration. I have known medical men, against whom no solid charge could ever be well fixed, so hurt, harassed, and beaten, by frequent summonses to, and insults from the board, on frivolous charges, incited in one case by a domineering, sycophantic relieving officer, a pet with the board; and in another by a dissatisfied, revengeful pauper, who had a rule of complaining every two or three weeks, and cunningly substantiating his attacks, well enough to feed the natural jealousy and distrust of the guardians—that in both cases peace and quietness was gladly purchased by resignation. The facility of making these attacks, which are allowed without any previous notice to the object of them, the extreme difficulty of defending them in most cases satisfactorily to the comprehension of the guardians, and the humiliating reflections consequent on incessant broils of this nature, have long been matters among practical men of general complaint; and I think they would be crushed at once by giving to medical officers the right of *éntree* to the board-room by the provision before-named. At any rate, their presence, on a charge being urged against them, would enable them to answer it forthwith and independently; so that the

* There are, I believe, some exceptions to this, where the medical officers are provided with a room during their attendance on such occasions; but in the union I am acquainted with, these remarks are true to the letter.

complainant would not, as at present, have the no mean advantage of the first statement wholly to himself, and of being at all subsequent hearings directly represented by the board, which in these cases forms at once the complainant, jury, and judge.

I am not without hope you may think well of the foregoing plan of heightening the condition, and distinguishing medical men as they ought to stand, into hallowed and thoroughly unfettered administrators of health to the poor, and into the truest conservators of the poor-rates. If you even consider it to be sufficiently promising to be submitted, partially or not, as you think proper, to the profession, I shall be much gratified; or should it be honored so much by your approval as to induce you to adopt it, and strenuously to recommend it to serious consideration as a part of Lord Ashley's plan of medical relief, it will afford me the sincerest satisfaction.

I cannot conclude without adding a few to the "Rough Notes for Lord Ashley," published in one of your late Numbers.

1. Paupers attended on the per case system should in fairness have their tickets renewed every *three* months, if so long on the medical reports; and not as now, expected to be attended throughout the contract on one ticket, value, for example, 5s., and living perhaps a distance of five or six miles.

2. Tickets should be of two classes, in-door and out-door, of different value, changed at any time, if necessary, on the representation of the surgeon, as a security, both to the medical man—who, when an order is once given, is now often made to visit, unnecessarily, many cases where the patient is able but too lazy to visit him, and to the patient—who, in slight cases, is nearly always refused relief, until the malady by neglect becomes serious, and perhaps incurable.

3. Midwifery orders, given after a woman or irregular practitioner has been employed, or in one month after such attendance, should bear a double fee.

4. Severe burns and scalds should be paid extra.

5. Some extra inducements should be offered to union surgeons to remedy deformities, and attempt the cure of cripples, &c., lying, as it is, for life on the poor-rates.

Lastly, an order should be made *imperative* for union surgeons to consult and assist each other, on very important cases, without fee.

I have the honor to be, Gentlemen,

Yours obediently,

A Provincial.

Warwick, Jan. 19, 1844.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I thoroughly agree with the remarks Dr. Inglis made in your last week's Journal on the the subject of the Benevolent Fund. Compulsory benevolence always works badly; and much as I approve of the Benevolent Fund, I shall be sorry to see it rendered obnoxious to *any* member of the society. I trust, therefore, that Dr. Cowan will kindly reconsider the matter, because I am sure his plan will have the effect of withdrawing many annual subscriptions.

Such is my good opinion of the principles on which your Benevolent Fund is based, that I trust we shall be able to establish one for this county on a similar plan.

I remain, Gentleman,

Yours faithfully,

James Heygate, M.D., F.R.S.,

Physician to the Derbyshire General Infirmary.

The College, Derby, Jan. 23, 1844.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In the last Number of the Provincial Journal, you have inserted a letter from Dr. John Lee with reference to the Benevolent Fund of the Provincial Association, in which Dr. Lee has suggested that each member's subscription should be raised to £1 5s., instead of £1 1s. In this proposal I do not quite agree, as it makes it a compulsory measure; still it is very desirable that each member should contribute according to his means in addition to his annual subscription, and as the Benevolent Fund has a secretary and treasurer in our worthy associate, Dr. Conolly, of Cheltenham, the additional subscription had better be kept separate, and forwarded to the right quarter. At the last meeting of the Southern Branch, held in the Isle of Wight, it was proposed to divide that district into three divisions for the purpose of collecting subscriptions, and it fell to my lot to collect for Hampshire and the Isle of Wight; in consequence of which I forwarded a copy of the last report, with a note in explanation, to nearly 200 medical practitioners soliciting assistance for this excellent charity, and I regret to add I have received no more than about 25 answers to my applications; and instead of collecting £50 to transmit Dr. Conolly, I have received only £8 since October; still I hope I may yet receive a further amount, and I feel assured that if the members generally exerted themselves in this useful cause, the subscriptions might be greatly increased. Would it be thought possible that in an Association of 1600 members the annual subscription reached only £137! Yet such is, I regret to say, the fact. It is, however, very gratifying to observe (even with so small an amount), the great good which has been effected; and if in every town or city one member would take the trouble of collecting from each medical practitioner any sum he may be disposed to contribute, the benevolent objects of this fund could be carried to such an extent that the hand of charity might be held out to all our poor but equally deserving brethren.

I am, Gentlemen,

Your very obedient servant,

Henry Phené.

Ryde, Isle of Wight,
Jan. 20, 1844.

RETROSPECT
OF THE
MEDICAL SCIENCES.

DR. SIMPSON ON THE ALLEGED STERILITY OF TWINS.

It is a popular notion, and one very generally current in the world, that, if twins be of different sexes, the female is sterile. Dr. Simpson has taken some pains to collect data, and to test the validity of this popular notion, and the result of his inquiries he has published in an interesting memoir in the last number (158) of the "Edinburgh Medical and Surgical Journal." We shall endeavour to present to our readers, in a condensed form, the pith of his researches.

The occurrence of twins in the human subject, of whom one is male and the other female, is not so rare an event as is generally believed. In proof of this statement our author has analysed the records of labor occurring during a certain period in the lying-in hospitals of Edinburgh and Dublin, and in the London Maternity Charity, and from this analysis he has been enabled to construct the following tables:—

Total Number and Proportion of Twin Labors.

	Total No. of Labors.	No. of Twin Labors.	Proportion of Twin Labors.
Edinburgh Hospital	2,888	46	1 in 63
Dublin Hospital (Clark) .	10,387	184	1 — 56
Dublin Hospital (Collins)	16,414	240	1 — 65
London Maternity Charity	29,489	318	1 — 93
	59,178	788	1 in 75

Sexes of the different Co-twins in the above 788 *Cases.*

	Two Males.	Two Females.	Male and Female.	Total No. of Twins.
Edinburgh Hospital	16	17	13	46
Dublin Hospital (Clark) .	47	66	71	184
Dublin Hospital (Collins)	73	67	100	240
London Maternity Charity	93	111	114	318
	229	261	298	788

Proportion in which the different sexed Co-twins occurred to the whole 59,178 *Cases of Labor.*

Male and Female Twins,	once in every	199	Labors.
Two Female Twins,	,,	,,	226	,,
Two Male Twins,	,,	,,	258	,,

The result of these tables shows that twins of opposite sexes are by no means uncommon. Having settled this point, the author goes on to state the result of his inquiries into the married history of 113 female co-twins with males, whose history he could rely upon; and of these 113 female co-twins 103 had families, 10 had none, or about 1 in 10 was barren.

At first sight this result might, in some degree, appear to support the popular belief; but, before assenting to such a view of the case, the *average proportion of productive and unproductive marriages in general society must be ascertained.* This leads Dr. S. to the second stage of his inquiries; but as satisfactory returns, on a sufficiently large scale, bearing upon this point, have as yet never been compiled, no registers being kept that bear upon the question, our author searched in vain from the usual statistical sources or authorities for information on the subject.

For the purpose of obtaining an approximation by numerical data, Dr. Simpson had a census taken of two villages of considerable size, and the results were that, of 455 marriages, 410 were productive, and 45 unproductive, being 1 in $10\frac{1}{9}$ without issue.

In order to extend this basis of data, he analysed with care, and no small trouble, the history of 503 existing marriages detailed by Sharp in his work on the British Peerage for 1843, and he found the result of this analysis was that the proportion of unproductive marriages amongst this number was as 1 to $6\frac{2}{7}$. The total result of his inquiries, with regard to the *average number of unfruitful marriages*, was 1 in $8\frac{1}{4}$. Hence, it appears from this investigation that the unproductive marriages of females, co-twins with males, do not exceed the degree of unproductive marriages in other portions of the community. There are some other curious points connected with this subject which our limits do not admit of our adverting to at present, but we refer the curious in these matters to the original memoir, which is worked out in a cautious and philosophical spirit.

REMARKS ON TUBERCULAR PERITONITIS. BY MEREDITH CLYMER, M.D.

Chronic peritonitis occurs only in tuberculous patients. Dr. Louis did not find the anatomical characters of this affection present once out of 300 individuals dead of other chronic diseases besides phthisis. This affection is more common than is generally supposed, and no one is less understood, both in this country and Great Britain. The notorious case of Lady Flora Hastings, one of the ladies of honor to Queen Victoria, which occurred a few years since in London, will no doubt be recollected by our readers. Pregnancy here was first suspected, and much scandal was caused by a wrong diagnosis; the true nature of the disease never seemed to be suspected, until it was revealed at the autopsy.

The symptoms of tubercular peritonitis are generally mild, not numerous, and frequently are unnoticed. They are, however, quite sufficient to warrant a positive diagnosis. The invasion of this disease has no fixed relation with the main affection, and may occur at any period of its progress. The first symptom of chronic peritonitis is enlargement of the abdomen, denoted by the uneasiness in his clothes, which the patient experiences, if up and about. With this there is dull abdominal pain, sometimes general (either singly or co-existent), increased by pressure and percussion, and unaccompanied by diarrhœa. Later, and at a very variable period, physical exploration, however, reveals fluctuation; and meteorism, to a greater or less degree, will be ascertained. After increasing to a certain extent, fluctuation will diminish, whilst the gaseous distension persists. Where abdominal meteorism is present from the commencement of the disease, without appreciable effusion, it will diminish after some time, leaving the abdomen firmly resistant under pressure, knotted, and the intestinal convolutions marked on the surface; and this tense elasticity persists with complete relaxation of the muscular parietes. Nausea and vomiting rarely occur, unless acute peritonitis should supervene. There is great diversity in the intensity of the rational symptoms; sometimes the feeling of uneasiness, or even positive suffering, is so great as to occupy constantly

the attention of the patient; at other times there is entire absence of pain, and the physical signs alone announce the existence of the affection. Ordinarily, the symptoms just enumerated persist or increase till death occurs; but sometimes, when the disease is intensely chronic, the abdominal symptoms disappear, and the thoracic only attract notice. Sometimes abdominal effusion is absorbed with great rapidity, and, on examination after death, you find only general intestinal adhesion by recent false membrane, when, but a few days before, there was positive evidence of fluctuation.

The symptoms of chronic peritonitis, though few, are of great value, from their constancy and regularity, in reference to diagnosis. Dr. Louis places the greatest confidence in them, and states (Recherches sur la Phthisie, 1843, p. 272) that through them he has been led to the successful diagnosis of phthisis in persons in whom there was little or no cough, and where the most careful physical exploration gave no evidence of thoracic disease.

To resume, we may say, that where we have general abdominal pain, of moderate intensity, but still sufficiently annoying, without diarrhœa, accompanied with increase in the size and sonorousness of the abdomen, with the supervention of manifest fluctuation, and independent of any organic affection of the viscera, as the liver especially, kidneys, or heart, with subsequent absorption of the effused fluid, leaving a slight but general gaseous distension, with the intestinal convolutions well defined, and with this, great loss of strength, which cannot be referred to the condition of the lungs or of the excretions — when I say we have this combination of symptoms, we may, with great safety, diagnosticate tubercular peritonitis.

Tubercular peritonitis may be confounded with cancerous peritonitis. The different epochs of life at which, in general, the two affections occur, the coexistence of cancer in some other organ, the great rarity of cancer in tuberculous patients, with other differential symptoms, will usually serve to distinguish the two diseases.

In the "Dublin Journal," for March, 1843, there is a paper on Strumous Peritonitis with Effusion, by Sir Henry Marsh, which is an evident attempt to describe the disease in question, and is additional evidence of the very scanty knowledge which British practitioners possess of this affection. Some remarks by Dr. Fleetwood Churchill are appended to the communication, in which he agrees with Sir Henry Marsh on the propriety of the principal reliance in the treatment being on mercury—a conclusion which the evidence so far collected on this subject certainly does not warrant.—*Philadelphia Medical Examiner*, Nov. 11, 1843.

CASE OF HEMIPLEGIA, CONSEQUENT ON TYING THE COMMON CAROTID. BY O. FAIRFAX, M.D., ALEXANDRIA. (D. C.)

On the 18th of July, 1842, in presence of Drs. Murphy, Powell, and Richards, of this place, I applied a ligature to the left common carotid, an inch above the clavicle, and my patient became hemiplegic as regards the limbs of the right side, but the face was not affected. The hemiplegia may have occurred at the moment of tying the ligature, but was not remarked by the attendants until an hour or more after the operation. The patient, who was a middle aged lady, already much reduced by chronic disease of the lungs, remained faint and hemiplegic to her death, which occurred after five days, apparently from exhaustion. Her mental faculties continued perfect to the last hour.—*Ibid.*

A CASE OF SPINAL IRRITATION GIVING RISE TO SYMPTOMS SIMULATING CATALEPSY. BY G. L. UPSHUR, M.D.

William S——, coach-maker's apprentice, aged twenty, of a lymphatic habit, was seized on the night of the 1st of October, with total insensibility, the want of animation being so complete that his friends thought he was dead, and had made preparations to shroud him. He remained in this state about two hours. I saw him early on the following morning, when his condition was as follows:—skin cool; pulse 90, soft and full; slight cephalalgia; pupils somewhat contracted; tongue clean, pale, and flabby; countenance expressive of languor; bowels constipated; appetite not disturbed; no tympanitis nor thirst; complained of frequent palpitations, accompanied by sharp, darting pains, alternately, on either side of the thorax; action of the heart preternaturally quick,—sounds normal; no alteration in the respiratory murmur. I then commenced an examination of the spinal column, beginning at the occipital ridge and making uniform pressure to the os coccygis. At the seventh cervical, and again at the last dorsal vertebræ, the patient cried out upon the slightest pressure being applied. He was not aware of the existence of these tender places until I made the examination. On the night of the 2nd inst. he had another cataleptic paroxysm, being unconscious for the space of an hour. I did not see him during this attack, but was informed by his friends, that throughout the whole of it his eyes were closed, with the balls permanently fixed; his breathing was scarcely perceptible; had no flushing of the face, nor inordinate action of the carotids; he suffered himself to be placed in any position without manifesting the least volition, and could not be aroused, either by loud noises, or the application of irritants to different parts of the surface. Consciousness returned with frequent sighs and an appearance of great debility. Upon being questioned, he was ignorant that any thing wrong had happened, and resumed the subject of conversation with which he had been engaged just prior to the paroxysm.

Treatment. After the first attack the patient was ordered two ounces of castor oil, and the tender places in the back to be frequently rubbed with a liniment composed of the oil of tiglium, oil of turpentine, tincture of cantharides, and liquor of ammonia. After the second paroxysm he took one drop of ol. tiglii with five grains of calomel; and eight cut cups were applied along the dorsal vertebræ, to be followed by a blister three inches by six. In four days the blister healed, and the soreness had entirely disappeared. He is now well, and has had no return of the catalepsy, nor other unpleasant sensations, since the application of the cups and blister.

TREATMENT OF CONICAL CORNEA.

The January number of the "Dublin Journal of Medical Science" contains an elaborate paper by Dr.

Pickford on the nature and treatment of conical cornea. He relates three cases in which great benefit was derived from the exhibition of emetics with purgatives. His theory of the disease may be stated thus :—" He believes conical cornea to depend upon some disturbance in the functions of the great sympathetic spinal nerves and par vagum; producing through the medium of the lenticular ganglion and fifth pair of nerves faulty action of the nutrient capillaries and absorbent vessels of the cornea itself; that emetics and purgatives, by the powerful influence they exert upon the gastric and other nerves, restore the healthy functions of the weakened nutrient and absorbent vessels, the result of which is a slow but progressive retraction of the diseased corneal growth, and a consequent restoration of vision."

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

December, 1843.

Mean of External Thermometer at 9, a.m.	47·81
,, ,, ,, at 9, p.m.	44·60
Maxima	50·09
Minima	44·08
Mean daily Range	6·
Extreme Highest on the 8th	56·
,, Lowest	35·50
,, Range	20·50
Mean Dew Point at 9, a.m.	45·09
,, ,, at 9, p.m.	42·02
Mean of Barometer at 9, a.m.	30·501
,, ,, at 9, p.m.	30·426
Extreme Highest on the 14th	30·552
,, Lowest on the 31st	29·794
,, Range	·758
Number of Days Fine	10
,, ,, Fair, but Dull	7
,, ,, Raw and Cold, with Fogs	4
,, ,, on which any Rain fell	10
Quantity of Rain in Inches	1.05

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
2	—	—	2	8	6	2	11

MR. RICHARD HEY'S SUCCESSFUL LIGATURE OF THE COMMON ILIAC ARTERY.

Mr. Richard Hey, surgeon to the York County Hospital, has performed this most important operation on the common iliac artery, for the cure of an aneurysm of the external iliac. The ligature came off on the thirtieth day. We are not aware of any other successful case on record, except Dr. Mott's, of Philadelphia. We hope soon to be able to communicate the full particulars to our readers.

THE MEDICAL CONSTITUTION AT PARIS.

In a clinical lecture delivered at La Charité, by M. Fouquier, he draws attention to the present peculiar epidemic constitution, and its influence on various diseases. He observes, that maladies in general, accompanied with pretty severe fever, now exhibit very little febrile reaction; that there is a peculiar softness and slowness in the pulse, and a great tendency to gastro-intestinal disturbance, so that it may be said that most diseases present an abdominal character. Intermittent fevers and jaundice are also common; and any energetic antiphlogistic measures are very badly tolerated.—*Gaz. des Hop.*, Dec. 9, 1843.

THE WATSON TESTIMONIAL.

It has been proposed, by some of Dr. Watson's friends and pupils, to present him with some mark of respect and esteem, on his retirement from his professorial and hospital duties. The subscription is limited to one guinea. Mr. Edward F. Lonsdale, 82, Guildford-street, Russell-square, is honorary secretary to the committee.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, January 19, 1844.

J. M. Howell, G. R. Nuttall, F. Harvey, G. Le Clerc, C. G. Read, G. M. Tracy.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

A Guardian.—1. Two years' hence will be time enough. 2. Greek and German are of the highest utility. 3. All information of this sort is contained in a little work which we noticed last week, the "Medical Student's Guide and Almanac," published by the publisher of this Journal. Every medical school in Europe almost is noticed. 4. The decision on this point must be governed by a consideration of his talents, fortune, connexions, and personal deportment. If he can afford to wait, and has considerable talent, let him be M.D. But take care to make him a *gentleman*.

M.R.C.S. is rather too sharp upon the "Vicar." As a general rule, non-professional letters ought to be excluded; but an exception may be made when anything useful or new is related. Our reverend correspondent wanted to learn some new and effective way of keeping the toe in its place. Mr. Key's plan is horribly irksome, and few people will submit to it. Can *M.R.C.S.* suggest anything derived from his own experience?

Vates.—We must decline poetry.

A. B.—We shall be glad of every information of the kind.

Dr. Durant's paper next week.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

ERRATUM.

In Dr. Morris's paper, in our last Number, page 304, col. 1, line 13, for "the effects of the remote causes," read *the effects* or *the remote causes*.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 175.] LONDON, SATURDAY, FEBRUARY 3, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

EAST SUFFOLK AND IPSWICH HOSPITAL.

REPORT OF CASES,

By CHRISTOPHER M. DURRANT, M.D.,

One of the Physicians to the Hospital.

The following report is limited to the out-patients that have fallen under my own care, during the preceding twelve months, viz., from Jan. 1, 1843, to Jan. 1, 1844. Although the number of cases is too small to render a strictly tabular arrangement desirable, still, as showing the class of disease mostly prevalent in a purely agricultural district, the subsequent remarks may not prove altogether unimportant.

Total number of cases 226.

Nervous System.

Amaurosis, 1; neuralgia, 1; cephalalgia, 3; epilepsy, 3; chorea, 1; paralysis, 1; hypochondriasis, 5.

Observations.—Affections of the nervous system do not constitute a large proportion of the diseases that have presented during the past year. One or two points, however, of practical interest may be briefly alluded to.

Neuralgia.—The case of neuralgia occurred in a farm laborer, and was confined apparently to the lower dorsal and lumbar nerves. After a great variety of treatment, both externally and internally applied, the disease at length yielded to a persevering use of Fowler's solution in doses of five minims three times a-day.

Among the more recently proposed remedies for this painful affection stand the Indian hemp. I have not, however, yet had an opportunity of testing its value.

M. Ducros, of Marseilles, states that "in the most obstinate tic douloureux, whether fronto-facial or tempero-facial, the pain disappears instantaneously, on the application of ammonia at 25° (= a sp. gr. of ·906) to the palatine arch, by means of a camel's hair brush; the brush being allowed to remain on the part till a copious flow of tears has been excited. If the pain returns, a fresh application again produces a cessation of the neuralgia."—*Gaz. Medicale* and *Med. Gaz.*, Sept. 15, 1843.

The veratria ointment, composed of 1 part to 80 parts of lard, is said to be much more efficacious if made with rancid instead of fresh lard, which is probably owing to a salification and greater solubility effected in the veratria, by the agency of the free acid in the fat.—*Lancet*, May 27, 1843.

Dr. Brookes, of Cheltenham, has found the following preparation cure a most obstinate case of facial neuralgia, after all other remedies had failed. Take of aconitina, two grains; rectified spirit, sufficient to mix with lard, two drachms. Make an ointment. A piece the size of a pea to be rubbed on the face, on the access of pain.—*Lancet*, Jan. 6, 1844. The same remedy is favorably mentioned by Dr. Watson, in his valuable lectures.—*Med. Gazette*, June 18, 1841.

Epilepsy.—One case of epilepsy occurring in a little girl aged twelve, is worthy of note, inasmuch as the patient had menstruated regularly from the age of six years. The disease was, however, of comparatively recent origin, and cured by gradually increased doses of the sulphate of zinc and iron. The watery extract of belladonna has been lately recommended as a remedy in epilepsy, by Dr. Debreigne. He commences with a grain and a half daily, increasing it until about nine grains are taken in the twenty four hours. Should the injurious effects of the belladonna show themselves, the dose must be diminished or the remedy for a time suspended.—*Prov. Med. Journ.*, July 2, 1842.

Chorea.—The case of chorea occurring in a female, shortly before the appearance of the catamenial discharge, was treated successfully by drachm doses of the sesquioxide of iron, together with a good nutritious diet. In the instance of another patient I have seen the cure much accelerated by the daily use of the sulphur bath, as recommended by Dr. Hennis Green, and used in the Children's Hospital at Paris. The proportion was four ounces of the sulphuret of potassium to a common bath.

Dr. Babington relies principally upon the sulphate of zinc as a remedy for chorea, but believes that its good effects are seldom perceptible until twelve or fourteen grains (or even more) are taken three times a-day. This medicine, cautiously increased, may sometimes be carried to a great extent, and with benefit, without producing nausea. In the event of the stomach resisting the sulphate of zinc, Dr. Babington relies principally upon the liquor potassæ arsenitis.—*Guy's Hospital Reports*, No. 13.

Respiratory System.

Chronic tonsilitis, 1; malignant tonsil, 1; catarrh, 1; acute bronchitis, 2; chronic bronchitis, 4; bronchorrhœa, 1; pleurodynia, 1; chronic pleuro-pneumonia, 1; phthisis, 21.

Phthisis.—As might be anticipated from the locality of the county, diseases of the respiratory organs form a large proportion of the cases seeking medical relief, and among these phthisis pulmonalis unfortunately stands the most prominent. In the majority of instances I have been able to trace the commencement of the general symptoms, at least, to exposure to cold and wet, insufficient clothing (especially the not wearing flannel), and bad diet, all which circumstances, combined with the variable climate, tend rapidly to produce that predisposing condition of the system, aptly termed strumous cachexy.

In the incipient stage of the affection the treatment that I have chiefly adopted has been the following:—Local depletion by leeches beneath the clavicles, succeeded by counter-irritation by means of small blisters

or the croton oil liniment; an emetic of ipecacuanha on alternate mornings, provided no gastric irritation obtain; and the exhibition of gradually increased doses of steel. I believe that the latter remedy would be better borne, and consequently prove more beneficial, were it to be commenced in much smaller doses than those usually adopted. In the treatment of incipient phthisis, I conceive this to be a point of considerable moment. The diet should be nutritious, but unstimulating.*

In following the above practice I have decidedly had the satisfaction of occasionally witnessing, if not a cure, an indefinite suspension of the disease, and as such would confidently recommend its adoption in the *incipient* stage of the affection; in the second and third degrees of phthisis, however, although nature does in rare instances tend to the cicatrisation of a cavity, or isolate it by the formation of a new and firm membrane, either around it or within its walls, we must, I fear, in reference to the effect of remedies, look only to the palliation of the more prominent and distressing phenomena of the disease.

The treatment that has been commonly indicated and adopted in the *advanced* stages of phthisis has commenced with the application of a large blister over the sternum, which, on healing, has been succeeded by the daily use of a liniment of turpentine and acetic acid;† the endeavour to remove gastric irritation (which in this country especially I have found so constantly to accompany the progress of the disease) by hydrocyanic acid and an alkali, confining the diet to broth and farinaceous articles, to quiet the cough with morphia, and, as soon as the tongue has lost its glazed appearance and prominent papilla, to improve the diet, and commence the cautious use of mild tonics and the preparations of iodine.

M. Fournet alludes to his having met with, in the course of one year, no fewer than fourteen cases of confirmed phthisis that were cured, besides ten other cases, in which dissection revealed the traces of caverns that had become perfectly healed.

He goes on to remark that these fourteen cases of phthisis cured in the living subject have proved to me,

1st, That certain persons, who have exhibited the most decided symptoms of the disease in its most advanced stage, may yet be restored to excellent health!

2nd, That if the general state is satisfactory in these individuals, and does not occasionally bear the evidence in some manner of the accidents of their past life, the local condition is very different, and always reveals the presence of alterations more or less extensive.

3rd, That even hereditary phthisis in its most advanced stage is susceptible of cure, although such an occurrence is certainly much more rare than in cases of the accidental disease.

4th, That phthisical patients who have been treated by very various kinds of remedies, or who have been left entirely to the resources of the natural powers of their economy, seem to have recovered in about the same proportion, and, therefore, that nature generally "fait tous les frais" of the cure of the disease.

He concludes his remarks with the following sentence:—"The capital fact which seems to spring from these inquiries is, that tuberculous disease is not, like cancer, essentially incurable; on the contrary, that it is often curable, and that its extreme and most disheartening fatality is referable rather to the circumstance of its being seated in one of the vital organs of the system, and to its tendency to frequent relapses, than to its primary and essential nature."—*Med. Chir Rev.*, Jan., and *Lancet*, Jan. 6, 1844.

Among the more recently proposed remedies for the "cure of consumption" stands naphtha, advocated by Dr. Hastings. My own experience of its effects is at present too limited to authorise an opinion; but, from the general results contained in our weekly journals, I fear that we must look still further ere we find a remedy even approaching to the nature of a specific for this devastating disease.

M. Pereira, of Bordeaux, in a memoir on the treatment of pulmonary phthisis, lately read before the Academy of Sciences at Paris, reports very favorably of the use of cod liver oil and tonics in this affection. The climate of Guelph, in Upper Canada, has been lately strongly recommended as a residence for consumptive patients; it would be highly desirable for those having medical friends in that district to request their especial attention to the subject.—*Edin. Med. Journ.*, Jan., 1844.

On the effects of climate in phthisis, M. Boudin advises a mild temperature and a marshy, but not insalubrious soil. The testimony of numerous inquirers in different parts of the globe appears to coincide in this, viz., that where intermittent fever is of frequent occurrence, phthisis is comparatively a rare disease.

The case of pleuro-pneumonia was one of interest, but, as it subsequently fell under my care as an in-patient, it may, perhaps, with other cases, hereafter form the subject of a distinct paper.

Bronchitis.—In the treatment of the acute form of this affection, the ordinary remedies were successfully adopted, viz., mercury, antimony, and counter-irritation by blisters, and the turpentine and acetic acid liniment. I have not found it necessary to increase the dose of tartar emetic beyond half a grain every four hours.

Bronchorrhœa.—An interesting case of this disease occurred in a girl, aged six years. From the statement of the mother, it appeared that the disease had existed for eighteen months, with variation in the quantity expectorated; but, at the time of application, seldom less than three-quarters of a pint, and more frequently upwards of a pint, of what she described as "thick, stringy corruption," was daily discharged from the bronchi. The chest throughout yielded a healthy sound on percussion, while a general sibilous râle, mixed up with the sonorous and mucous rhonchi, was audible over every part on auscultation. In the treatment of the case the acetate of lead, in grain doses, according to the plan of Dr. Henderson (Med. Gazette, May, 1840), proved of signal service, premising, at the same time, the regular exhibition of alterative aperients. Under this practice the expec-

* For more extended observations on the subject of the diagnosis and treatment of incipient phthisis, I beg to refer to the Provincial Medical Journal, Sept. 3, 1842; the "Medical Gazette. May 26 and June 2, 1843.

† Take of oil of turpentine, two ounces and a half; acetic acid, five drachms. Mix; for a liniment. To be freely rubbed over the chest every morning.

toration was greatly diminished, but, from the intensity of the blue line along the border of the lower gum, it was deemed advisable to substitute the iodide of potassium in grain doses, under the use of which the recovery was perfected. It is, perhaps, worthy of remark, that a brother of this patient, aged eight years, was brought at the same time, laboring under dysentery, of five months' standing. The acetate of lead in this instance alone effected a cure.

Circulating System.

Cardiac irritability, 1; nervous palpitation, 1; diseased mitral valve, 1; endocarditis, 1.

Endocarditis.—This case presented in an artizan, aged twenty, from exposure to cold. On application the prominent symptoms were, great anxiety depicted on the countenance; dyspnœa; pain in the region of the heart, its action being irregular, abrupt, and "jogging;" percussion elicited no abnormal dulness, but the interval between the two sounds of the organ was extremely uncertain; the systole was accompanied with a bruit de soufflet.

The treatment chiefly relied on consisted of free leeching over the heart and purging, followed by blisters and mercury. Occurring in an impoverished system, general depletion was not had recourse to.

Digestive System.

Dyspepsia, 52; gastralgia, 16; hæmatemesis, 1; subacute gastritis, 1; chronic gastritis 1; icterus 1; constipation, 3; vermes 7; chronic peritonitis, 2; diarrhœa, 1; dysentery, 1; abdominal tumor, 2.

Diseases of the digestive organs form a very large proportion of the affections to which the poor in this county are peculiarly liable, and may, I think, be attributed, independently of diet, to the non-adoption of warm clothing, and the consequent exposure of the cutaneous surface to the vicissitudes of our uncertain climate.

Gastralgia.—Some of the cases of this disease have been extremely severe. The treatment from which I have witnessed the most benefit has been *repeated* blisters to the epigastrium, and the combination of hydrocyanic acid, tincture of henbane, and an alkali. In some instances the nitrate of silver in full doses, combined with the extracts of hop and rhubarb, has been found of considerable value in allaying the pain and excessive gastric irritability. In one very obstinate case considerable relief was apparently derived from the adminstration of the bichloride of carbon in four minim doses three or four times a-day in distilled water.

Urinary Organs.

Eneuresis, 1.—This case was speedily cured by the following formula:—

Tincture of sesquichloride of iron, ten minims;
Tincture of cantharides, five minims;
Tincture of opium, three minims;
Infusion of quassia, one ounce and a half. Mix. For a draught. To be taken three times a-day.

With a view of stimulating the bladder or its sphincter, by rendering the urine more irritating, Dr. Young has recommended the exhibition of the nitrate of potash in ten grain doses every three hours.—*Amer. Journ. Med. Sci*, April, 1843.

Generative Organs.

Chlorosis, 9; amenorrhœa, 13; menorrhagia, 2; hysteria, 9; malignant disease, 1.

Chlorosis.—These cases have in general rapidly amended under a combination of the sulphates of iron and quinine. For a complete *résumé* of the experience of the best writers on this subject, I would refer to the valuable report published in this Journal by Dr. Cowan, of Reading, May 27, 1843.

Menorrhagia.—Both cases were cured by the exhibition of the ergot of rye in doses of six grains three times a-day.

Professor Simpson, of Edinburgh, has employed the gallic acid in some cases of menorrhagia with the most successful results. He gives it during the intervals as well as during the discharge in doses of from ten to twenty grains per day, made into pills.—*Lond. and Edin. Month. Journ.*, July, 1843.

Skin Diseases.

Ecthyma, 2; porrigo, 1; impetigo, 1; acne, 1; eczema, 5; psoriasis, 1; pityriasis, 1; lepra, 2; erythema, 1; prurigo, 1.

Affections of the skin are of frequent occurrence in this county, and in the majority of instances appear more or less connected with the strumous diathesis.

Miscellaneous Affections.

Strabismus, 1; ophthalmia tarsi, 1; deafness, 1; ague, 1; debility, 6; anæmia, 2; bronchocele, 2; rachitis, 1; struma, 13; chronic rheumatism, 7.

Struma.—This affection stands prominently forward under the combined influence of cold, moisture, and insufficient clothing. In its treatment, the various preparations of iodine, with improved diet, and the wearing flannel, afford the greatest prospect of benefit.

Chronic Rheumatism.—The combination of iodide of potassium with decoction of bark is the remedy from the use of which I have derived the greatest amount of benefit in the treatment of this obstinate affection.

Strabismus.—This case occurred suddenly in the person of a shipwright, from exposure to a current of cold air. Purgatives, blisters to the nape of the neck, and keeping the patient under the influence of mercury for some days, effected a cure.

PARASITIC INSECTS IN THE PUSTULES OF MANGY DOGS.

At a meeting of the Microscopical Society of London, held on the 20th of December, 1843, Edwin J. Quekett, Esq., in the chair, a communication from A. Tulk, Esq., upon certain parasites in the dog, was read. These parasites were found by Mr. Topping, on examining microscopically the contents of the pustules in a mangy dog. They belong to the genus *Demodea* (Owen), first discovered, figured, and described by Dr. Simon, of Berlin, as inhabiting the sebaceous sacs and hair follicles of the human skin. The insects, now described as existing in the dog, were found in such abundance that thirty or forty were frequently seen in a single drop of pus. They differ very slightly from the human parasites, before referred to; but analogy would lead to the conclusion that they are of a different species. The discovery of this parasite may throw some light on the cause of the disease called mange—a disease by no means confined to one class of animals, while at the same time it is far from being certain whether this insect is the exciting cause, or is merely developed during the progress of the disorder."—*Physiological Journal*, Jan., 1844.

OBSERVATIONS
ON
HÆMORRHAGE AND EXFOLIATION AFTER AMPUTATION.

By John Jesse, Esq., F.R.S, &c. &c.

[Read before the Manchester Medical Society, Jan. 3, 1844.]

Gentlemen,—The operation of amputation is of so common occurrence, and one so universally performed by gentlemen not connected with public institutions, that I am induced to lay before the society some of my observations respecting it, less with the view of offering anything new, than the hope of eliciting information from the experience and talent of those by whom I am surrounded.

It was a remark of a distinguished friend of mine, that surgical opinions should be condensed as much as possible under distinct heads, and I am induced, on the present occasion, to comply with his view, for two reasons—first, it condenses what I have to offer to your notice, and I fear many will think brevity my only excellence; and, secondly, it affords more ample time for the expression of opinion and discussion.

Few operations are more common than amputation; the facility of performing it, and, as a whole, its general success, have reconciled the public opinion to its performance. It must never, however, be forgotten that it is horrible to bear, dreadful to behold; it mutilates the patient for life, and occasionally is followed by fatal consequences. To two conditions of the patient after amputation I shall confine my observations, and both these states are important—hæmorrhage and exfoliation. The former of these conditions may place life in immediate jeopardy at any period of the case; and the latter, by undermining the constitution, prove equally fatal after protracted suffering. We will commence with hæmorrhage, of which I shall notice nine varieties.

1. Hæmorrhage at the time of operation, after all the arteries are tied, and arising from mechanical obstruction to venous circulation, without disease.

2. Venous hæmorrhage from disease of the veins.

3. Hæmorrhage from diseased vessels at the time of operation.

4. Hæmorrhage from the same cause at any period after.

5. Oozing.

6. Hæmorrhage within twenty-four hours.

7. Hæmorrhage occurring at any period after four days.

8. From sloughing.

9. From peculiarities in the vessels.

I do not mean to say that under these heads all the varieties of hæmorrhage are included, and I wish it to be distinctly understood that no condition of the patient is mentioned which I have not myself witnessed.

I. Hæmorrhage at the time of operation, after the arteries are secured, may arise from undue pressure on the surrounding muscles by retraction of the fascia, above the extremity of the stump. The consequence of this is that the veins bleed, and in sufficient quantity to produce serious annoyance. In some cases where this took place the fascia was said to produce the evil, but I must say the skin appeared in some cases to have its full share in producing the effect. I will just cite two cases where amputation was performed for the relief of accidental injury.

Case I.—A fine young man, aged twenty-five years, had the thigh amputated rather above the lower third of the limb; after securing the vessels and slackening the tourniquet, venous blood poured freely from the stump; a sponge was held to it, which quickly filled, and, on removal, blood (venous) ran freely from the lower extremity of the stump, which was now observed to assume a peculiar appearance. The muscles protruded, and seemed as if grasped by a firm ligature an inch and a half above the end of the stump. An incision, three inches long, on the outer side, directly upwards towards the trochanter major, was made through the skin and fascia; the uncomfortable appearance of the muscles disappeared, and the hæmorrhage immediately ceased. He recovered rapidly, and without any other untoward occurrence.

Case II.—A man, aged twenty-nine years, had his left forearm removed for a gun-shot injury; he was a fine athletic man (not averse to occasional boxing, and a poacher), and met with the accident whilst out shooting. The hand and wrist were severely injured; it was requisite to remove them, which was done about the middle of the forearm. In this case the fascia and skin, by retracting, produced hæmorrhage of venous blood; an incision through the skin and fascia, between two and three inches long, was made, an inch from the radius and parallel to it. The bleeding ceased and the man recovered. This species of hæmorrhage is sometimes produced by the roller being applied too tight, more especially in operations for accident; in these cases the stump usually swells much more than in operations for disease; on its removal the bleeding ceases. For the first few visits it is always prudent to examine the state of the bandage; if it feels tight, a director can be slipped under, and the scissors readily remove the pressure, which, if it cause no hæmorrhage, may create other and very serious injury.

II. It sometimes happens that a diseased state of the coats or valves of the veins gives rise to hæmorrhage; this is always a disagreeable state, as, if pressure fails, there is no alternative but the ligature. Veins very frequently heal, and the ligature comes away without inconvenience, but this is by no means always the case. In some instances the internal membrane inflames; this state spreads rapidly up the canal, and the patient dies.

Case III.—A man, upwards of fifty years of age, had his left thigh removed for a diseased tibia; the vein bled and was tied; he died in six days. The femoral vein was of a dark-red purple color, and this state extended upwards to within an inch of the vena cava. The stump was healthy, and the viscera of the abdomen and thorax healthy. His previous health was moderately good.

The symptoms were a very feeble and rapid pulse; a dry, brown tongue; the skin cooler than natural; he appeared to sink from exhaustion; he lost very little blood during the operation, none after; and no evacuation took place to account for the debility.

Case IV.—A boy, fifteen years of age, had his

thigh removed for diseased knee, and the vein was tied. At the end of three days he had a dull pain in the groin; there was a slight red purple blush, acutely painful when touched; a feeble, rapid pulse; tongue coated and brown; the skin dry, and little, if at all, above the natural temperature. He had been in previous good general health, had no cough or disorder of the digestive organs. The disease of the knee was attributed to a strain. A lotion of spirits of wine and rose water was applied to the thigh; he took a mixture, of which liq. ammon. acet. was the essential ingredient; sago, arrow-root, and rice. At the end of a week his skin was moist, the tongue began to clean, and from this period nothing unfavorable took place. At the end of three weeks all the ligatures came away, and the stump was firmly healed at the end of a month. May we not suppose that the inflammation did not extend beyond Poupart's ligament, and that this was a fortunate escape? Whatever view we take of this morbid condition of a vein, we have ever a fearful antagonist; taking all the cases I have witnessed, there appears an analogy to erysipelas when accompanied with typhoid symptoms. It is a rule with me never to tie a vein unless driven to the necessity, and ever to regard the case with anxious feelings. I admit having tied veins; I have several times seen the femoral and brachial veins tied, and known the internal jugular tied successfully, but the proportion of cases where doubtful symptoms have arisen leaves the practice as a question of necessity.

III. Hæmorrhage may occur at the time of operation from the circumstance of the vessels being, from disease, incapable of sustaining the action of the ligature; and this alarming condition is best seen in the artery where calcareous deposit has rendered part, or the entire calibre of the vessel, brittle. I refer you to preparations on the table, and will just state a case.

Case V.—A man, forty-nine years of age, had a diseased ankle; amputation was performed at that point which allows the stump to be bent, and the patient to walk on the knee. The posterior tibial artery was laid hold of, the end came away; a second attempt was made, and the ligature cut the end off. The anterior tibial artery was now examined—found healthy and tied, as also the fibular. A very attentive examination of the posterior tibial artery was now made, and, as far as it could be examined, it was found to be diseased; a needle was carried round it, with a portion of muscle, care being taken to avoid the nerve, and the ligature was cautiously tightened; a thick, firm slice of sponge, well compressed, was placed on this part of the stump, and the edges drawn firmly together; a large opiate was given; an attentive watch kept, with cold applications to the limb. No secondary bleeding took place, and the man recovered. The stump was long in healing, ten weeks elapsing before it finally closed. At the end of four weeks the sponge was reduced, a small bit being cut away with the scissors every dressing, and at the end of six weeks very little remained; difficulty was at this period experienced in getting the remainder of the sponge away, the granulation seemed inclined to take possession of it. The stump was a good one, and perfectly well at the expiration of ten weeks. Were secondary hæmorrhage to occur in such a case, it would be advisable, at all events, to examine the state of the femoral artery, and if it appeared and felt undiseased, to tie it; this would give time for the formation of a plug, and probably prevent further anxiety.

V. After the removal of a limb, oozing, to a greater or less degree, may be expected. It would be difficult to conceive a case where no discharge of this kind took place, although it must be admitted in some instances the quantity is minute. In amputation from disease the condition of the muscular and other tissues is favorable to very small discharges of blood; but in primary operations done on healthy subjects for accidents the reverse takes place, and in the plenitude of strength and health we must not be surprised if this discharge continues for hours; if not profuse, it is of no serious consequence. In secondary amputation, or that for disease, it is occasionally so slight as scarcely to stain the bandage, but this seldom applies to the primary operation. When the quantity of blood lost by oozing is only a few ounces, it is of no consequence, provided the pulse does not rise rapidly, which seldom occurs, except in those rare cases where the constitution is obnoxious to loss of blood. If the previous condition of the patient is such as to render a small loss of blood a serious affair especial care should be taken, prior to dressing the stump, to obviate the possibility of material hæmorrhage. This is best accomplished by getting up the arterial action, by giving warm wine, brandy, and other stimulants, a warm sponge being held to the stump, and renewed from time to time till the pulsation of the secured vessels on the stump be clearly seen. The dressing may then proceed, and the occurrence of secondary hæmorrhage will be rare. When the previous debility is great, long delay is inadmissible, and the patient had better be laid on his bed, and the dressing delayed for an hour or more till the arterial action gets fairly up; if any small muscular branch has been overlooked, it can easily be tied. Profuse oozing may be caused by over-stimulation. A man had his right arm removed about the middle; that same morning after the operation he got drunk, sat up in bed, and smoked his pipe; when I saw him at two, p.m., he had lost five or six ounces of blood; the stump was covered with more lint, and a second bandage over all; an opiate was given; he needed nothing more, and recovered well.

VI. At any period bleeding may take place; it is most common within the first twenty-four hours, and if in quantity, it renders the opening of the stump a matter of absolute necessity. This is always a disagreeable affair; a few hours having elapsed, the divided muscles become exquisitely sensitive, and the agony of opening and sponging the stump proportionably great. The chance of union by the first intention is diminished in exact proportion as the tendency to suppuration and granulation is excited by this occurrence. When I have been compelled to open a stump, I use the tourniquet only where there has been much loss; compression of the vessel by an assistant is the better plan, if you can rely upon him. Get the dressings off as quickly as possible, and as the stump opens, look out for a clot; gently draw it away and have the self-acting spring forceps ready to seize the vessel. It rarely happens there are more than

one, unless a ligature has come off from imperfect tying, or a vessel given way from disease.

VII. Permit me now to call your attention to a most important part of the subject, hæmorrhage at any period after five days; for in these cases consummate pathological and accurate anatomical knowledge are essential to the safety of the patient. The usual time for the separation of the vessels is from ten to twenty days, and at any intermediate period hæmorrhage may come on or at a much earlier period from ulceration of the vessel. When this is the case, it is desirable to ascertain if a ligature is loose; if so it should be drawn away, and the knot examined; if it be found too tight, the inference is that it was properly applied; and if the operator has placed a knot at the inferior end of the ligature, so as to distinguish the vessel, the information will be valuable (especially in the case of the profunda femoris).

Immediate and vigorous steps must be taken; there are a variety of means—ice, opiates, lint, charpie, sponge, pressure, and securing the trunk whence the vessel arises. All the circumstances of the case must be taken into consideration; however valuable cold may be, its use has a limit, and if there be any tendency to pulmonary disease, it is scarcely admissible. The application of lint, sponge, &c., must be combined with pressure; and how far the new union will bear it is a grave question. The chance, also, of protrusion of bone is another very serious objection.

If two or three ligatures come away at the time of hæmorrhage, and it be not very profuse, a coarse calico bandage (for they are the most elastic) should be rolled from the extremity of the stump to nine or more inches, if convenient, above it, making, during its application, as much pressure as is prudent. This will serve a twofold purpose; by its uniformly exerted pressure, it will compress all the vessels to a certain extent, and afford a firm hold to straps of adhesive plaster, after a sponge or other compress has been placed opposite the part of the stump whence the bleeding has proceeded. Should the bleeding have been profuse, the conclusion is that a large vessel is the source, if not the main artery; and on this point my mind is made up, viz., to secure the trunk higher up, and above the source of collateral hæmorrhage, for anastamosis is scarcely to be thought of. It may be urged that a second operation is very undesirable; no one will deny this, but I am quite sure the evil is a trifle, compared to what may follow without it. To prevent being misunderstood, in hæmorrhage from the leg the femoral artery is to be secured at the same spot as for aneurysm; if from the thigh, the inguinal; if the forearm, the brachial, &c.

Case VII.—A boy, fourteen years of age, had his left thigh amputated for disease of the knee of five years' duration. All went well to the twelfth day, and as the stump had nearly healed, and only one ligature remained at this period, it was pulled at (the profunda), and the application was followed by a gush of blood; a bit of lint placed on the spot stopped the further progress, and straps of plaster retained all in due position. Three days afterwards it was dressed, and very cautiously; the spot where the ligature remained had ulcerated, and the moment the lint came off it was followed by a stream of arterial blood, which trickled quickly down. The operator enlarged the wound in the direction of the stream, and endeavoured, with the tenaculum, to seize the end of the vessel, but in vain; the patient became very faint, and the bleeding ceased. It was hoped the tenaculum had reached the bleeding vessel, and a ligature, which was applied, would remedy the evil. In a few hours he rallied; again the bleeding was renewed, the tourniquet was applied, lint was crammed into the wound, and the stump dressed. After a few hours he again bled, and the same scene of misery was renewed, and twenty days after the operation, and eight from the first hæmorrhage, he died.

Case VIII.—A man of middle age had his leg (left) removed for a machinery accident. In this case the stump went on indifferently well. I saw him at the end of three weeks; he had sustained five or six hæmorrhages; pressure with sponge had been made with partial success. The tibia was threatening to protrude; the upper point was covered with a very thin portion of skin of an inflamed color, and the general aspect of the stump was not favorable to further compression. I urged the necessity of applying a ligature to the femoral artery; it was done, and he bled no more. His recovery was perfect but slow.

Case IX.—A lad, aged sixteen, had his right arm removed close to the joint, for an injury of the arm. On the tenth day he had a sudden and fearful hæmorrhage. He was seen half an hour after; he was pulseless, but breathing, and the expression one of great anxiety. Nothing was disturbed; as he lay an incision was made, and the subclavian tied where it passes over the rib. He rallied, lived; the last ligature came away in twenty-three days; the stump was a fair one. What has been said on this division applies equally to the sloughing stump. When this state occurs after the operation for crushed or lacerated limbs, the ligature higher up has a fair chance, for the injury is local. In the anxiety to lessen as much as possible mutilation, more of the injured limb is often spared than is desirable; but the death of injured parts implies no particular injury of the constitution; hence these cases usually do well. Where sloughing is the result of constitutional disorder, the patient's chance is less favorable. In these melancholy cases, piece after piece of cellular tissue and muscle comes away, leaving a sloughy surface, and hæmorrhage often closes the scene. Even where the constitution is able to support the securing of the trunk of the vessel, and to brave the discharge, still you have, at the close of an anxious case, an ill-formed stump, and a constitution assuredly no better for the struggle. Partial, or even entire, mortification of the stump is by no means always followed by hæmorrhage.

Case X.—A man, aged sixty-nine, had his left thigh removed for diseased tibia. All did well till the fifth day; he then exhibited signs of constitutional irritation; his pulse became rapid and feeble, the tongue dry. The next day sloughing of the stump began, and rapidly extended; at the end of three days more two-thirds of the stump were involved, and on the twelfth day he died. The last two days he was unconscious. There was no hæmorrhage.

Case XI.—There is a preparation on the table illustrating a case where both feet came away from mortification, one at the ankle, the other below the knee, yet bleeding had no share in destroying the

unfortunate sufferer. He was only thirty-five years of age; nine years before he had a bad fever of the continued kind, from which he never entirely recovered, and the circulation in the lower limbs was ever after feeble. No particular pain or illness preceded the final disaster; the limbs were unusually cold. He went to bed, and in a few hours the changed appearance excited alarm. He lived near six weeks; both feet came off, one above the ankle, the other below the knee. Stupor came on a day or two before the closing of existence.

Case XII.—A man, aged sixty, had his right thigh removed for disease of the knee; he was subject to epilepsy. Sloughing came on, and he died on the thirteenth day; there was no hæmorrhage. I removed the artery. You will observe the beautiful effort nature made in this case to preserve the patient.

There is yet one more form of hæmorrhage always troublesome, and sometimes dangerous, and this may arise either from the number or peculiarities of the vessels. If the main artery of a limb be tied, and in the course of a few days it be necessary to amputate, the smaller vessels, especially the inosculating, are then enlarged and active, and bleed profusely. The stump shows a very unusual number of vessels.

Case XIII.—There is a portion of the brachial artery on the table. The vessel had been punctured in bleeding; diffused aneurysm followed; the sac was opened, and the vessel secured. At the end of a week it was requisite to amputate. The patient was but a youth, eighteen years of age. Ten ligatures were applied; cold and moderate pressure checked a profuse oozing, which was going on when the dressings were applied. He lost no more blood after he was put to bed; he died three days after of irritative fever.

Case XIV.—A lad, fourteen years of age, had the third finger of his left hand removed about the middle of the third phalanx; it was done with the scalpel and nippers. The vessels bled most profusely; before a tenaculum could be got he lost about eight ounces of blood. The two arteries were tied; they appeared as large as radial arteries. The finger had been crushed by machinery, and he was losing blood when he came. I have never seen a lad nearer destroyed by hæmorrhage; he was ten days before he recovered from the effects. The finger healed slowly.

Case XV.—I have seen one instance where the medullary artery of the tibia bled very profusely; this small vessel projected blood twelve to fourteen inches from the stump, and with a perseverance which indicated some trouble. The end of the vessel could not be seized either with the tenaculum or forceps; a small plug of lint, dipped in muriated tincture of iron, was pushed into the aperture, whence the blood gushed. No bad consequences followed; it healed rapidly; the stump was all that could be desired. The patient was about forty years of age, and lost the limb for diseased ankle.

Necrosis.—Few circumstances are more vexatious to a surgeon than necrosis following amputation. So surely as it is known to exist, as certainly the friends complain, and the operator comes in for an ample share of reproach. Now, it is our duty to repress these bad feelings, which have so unhappily crept into society; and public opinion, however erroneous, in our profession can only be combated one way, viz., by an open and manly explanation of the pathology of the case. We all know neither adroitness in operating nor skill in prescribing can prevent this termination in some cases. It has often been supposed to be caused by insufficient covering of muscular fibre, or from too great pressure made in dressing, the action of the saw, or proximity of pus. Necrosis does, however, occur without any of these causes, and I have known it to produce fatal consequences without being suspected.

There are five varieties:—

1. Scales, either partly or entirely surrounding th e end of the bone, separating and leaving a granula surface, usually easily cicatrising.
2. Solid spiculæ, involving part of the end of the bone.
3. Involving the whole end, and part of the shaft.
4. The whole shaft.
5. The concealed variety.

I purpose to illustrate my meaning by preparations and cases, and will trespass on your patience as short a period as possible, having selected as few cases as is consistent with perspicuity.

When there is no protrusion, the first intimation of necrosis is a dark discharge on the dressing, opposite to the spot where the bone lies; and after all ligatures have come away, this point does not heal, and on introducing a probe it grates on the bone, which is felt bare. Occasionally this discharge occurs, the bone slowly granulates, and the parts heal; but this is not generally the case. In many instances the bone, or a portion of it, becomes external either by passing through the wound or making its way by ulceration through the skin. The most favorable cases of necrosis are those where a small part of the end of the bone only is exposed, for we may then hope a scale only will exfoliate, and in this state of the disease it is better to do as little as possible, merely keeping the part clean and covered with lint spread with cerate of wax and oil. There is a great difference between a separating and separated bone. While the portion about to detach is firm, it is prudent to be cautious how we disturb it; but when loose, it cannot be too soon removed. Any attempt to shake or prematurely disturb the piece is only to interfere with the operations of nature and to convert a chronic into an acute case at the risk of extending the sequestrum, and without the slightest chance of accelerating the cure. When a scale comes away, the surface beneath is usually granular, and heals in a moderate time. Of this variety there are two specimens, and, under the same glass, one of the solid exfoliations coming away three months after the operation, and healing perfectly ten days after. These are minor varieties of a very serious disease, when it proceeds to any extent up the shaft of the bone, for then the constitution is hard pushed, and a long and doubtful struggle for life is the result; and that these cases do not always end as we could hope, the specimens before us testify (the preparations). The length of time required for the separation of a large portion of the shaft is so various, that an approximate time can scarcely be fixed, and much will depend on previous habit and constitution. The plan of treatment is very simple and uniform. There are two leading indications—first, to keep down, as much as

possible, local and constitutional irritation ; secondly, to support the strength. With regard to the stump, I usually dress it with white wax, softened with olive oil, leaving the bone, if it protrudes, uncovered, and wrap round it dry soft lint, with a view to absorb moisture. When the bone protrudes much, and is troublesome, and provided the patient can bear it, to be held by a large pair of nippers; the end can then be sawn off. It reduces the mass, and makes the patient more comfortable. I consider this plan to be right, on the principle that the bone must have been separated before it protruded to any considerable extent; and our inability to draw the whole away is, in my opinion, no argument against reducing the mass, nor in those cases where there is protrusion from retraction of the muscles, &c., when the patient can bear the bone to be firmly held without suffering.

The top of the sequestrum may be larger than its inferior portion, and it then makes its way slowly down. There is a preparation on the table taken from a boy, whose thigh was removed; the bone protruded, and I pursued this plan; his recovery was slow but perfect. The dates of the removal of the portions are on the paper within the glass bell; these portions were removed with a metacarpal saw, the blade was a very fine one and the teeth good. In one of the preparations you will observe a tendency to separate at the apophyses of the bone; had the patient lived this would have been a terrible affair. There is another preparation on the table of very great interest, and although not exactly derived from amputation, bears directly on our present subject, and the vast importance of the case will, I trust, form an apology for introducing it. The preparation is the upper portion of the shaft of the humerus of a boy twelve years of age; he had fever with acute abscess of the shoulder, which burst, and a large quantity of matter was discharged. In three weeks the shaft separated from its apophyses, and the question as to amputation was argued. There was an opening an inch below the acromion leading directly to the bone; I made an incision from this opening directly downwards; the end of the shaft was then pushed through the wound just as if it were a compound fracture, and the end sawn off; no exfoliation followed. I dressed it as a simple wound with spread lint, and in a week with a tailed bandage; afterwards with a common roller; the arm hung in a sling; no splints or apparatus was applied. He got well, could use the arm without pain, and easily raise it to right angles with the body.

Concealed Necrosis.—The last preparation I beg to call your attention to, is one where a man, aged fifty, recovered after amputation for a diseased knee; the stump healed, and he was quite well in five weeks. He did not, however, recover his health; his appetite was precarious, he slept poorly, and continued to emaciate; the belly became tympanitic, and in four months he died. On inspection the viscera of the abdomen and thorax were found healthy, and the union of the stump was excellent; the femur was necrosed. I was allowed only to remove a small peice, which I now have the honor of showing the society.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, FEBRUARY 3, 1844.

DEATH OF SIR FRANCIS BURDETT.

The death of this kind-hearted old man tempts us to make one or two observations on the inconsistencies displayed by those who desert the rational and well-educated physician and place implicit confidence in the delusions of quackery.

We learn that, during the last autumn, Sir Francis placed himself under the care of an hydropathist, who keeps an establishment in the neighbourhood of London, and who assured him that if he adopted the so-called water-cure he would be relieved of all future apprehensions of the gout. Notwithstanding the failure of this prediction—for Sir Francis had an attack of the old complaint in December—he persevered in the cold water treatment, and it is said was so absorbed in it that he actually rode out on horseback wrapped in wet towels. Under this foolish discipline he became reduced to a state of considerable debility, when, in the middle of January, the death of Lady Burdett, his faithful companion for half a century, gave the finishing blow to his vital powers. He never held up his head afterwards. His heart became feeble in its action, and incapable of relieving itself from the blood poured into it; the lungs consequently became engorged; this naturally produced hæmorrhage; the vital powers never rallied, and delirium and death soon followed in inevitable sequence.

On the occurrence of the above alarming chest symptoms, his family, naturally and reasonably alarmed, insisted on the discontinuance of the water system, and urged the necessity of regular medical aid. But even now two invaluable days were wasted; for Sir Francis insisted on seeing a homœopath, whose silly inanities usurped the place of active invigorative treatment. After this the efforts of medicine were fruitless.

Estimable as this fine old English gentleman was in all the relations of private life, he was an instance that neither a vigorous understanding nor a refined education are proof against delusion of all kinds. And it requires but little trouble to prove by his example how contrary to common sense is the practice of those who are addicted to quackery. Their belief is a blind credulity, led by an excited fancy. It is supported neither by fact nor argument, and, therefore, cannot be shaken by them, however palpable. If any argument whatever tells against quackery, it is this.

The persons who indulge in it seldom or never confine their belief to one particular sect or panacea

They give their confidence, by turns, to the most conflicting and discordant hypotheses. At one time St. John Long, with his frightful blisters; at another, Morrison, with his jumble of drastics:—now the homœopath, with his little cabinet of sugar plums; now the wet blankets of the hydropath. Almost everybody must have met with instances of persons who in turn have espoused each form of empiricism that appears. Now, considering that each system pretends to be the sole and exclusive method of curing disease, and that each has its set of *ad captandum* arguments and newspaper cures to support it—if belief were yielded only to a carefully formed conviction of the truth of such supposed arguments and cures—it is against all reason and probability, that after their falsehood and fraud had been detected, the same implicit confidence should be immediately given to another system, opposite in its character, but resting precisely on the same kind of evidence. The secret of it seems to be that people like to be flattered, although they know the praise to be undeserved; and thus in matters relating to health, they trust to any impostor, however extravagant, who promises them what they wish, and saves them the trouble of thinking for themselves.

THE MEDICAL REFORM MEETING AT THE CROWN AND ANCHOR.

In another part of our columns will be found a brief report of a meeting held in London on Monday last, in furtherance of the cause of medical reform generally, and in particular to oppose the injustice of certain clauses in the new charter of the College of Surgeons. We need not say that many of the sentiments expressed by the speakers—their urgent call for union amongst the members of the profession—their demand for an uniform system of education, and the representative form of government—are the recho of those which have been repeatedly enforced in the pages of the Provincial Journal. But, although we heartily wish success to their efforts to obtain an equitable settlement of these demands, yet we cannot say that we regard these meetings of London reformers with much of complacency or hope. The numerous meetings which have been held within the last twenty years, at which some of the same speakers have assisted, have only conferred on the cause the disgrace of empty presumption, abortive attempts, and unsuccessful agitation. Nor is this difficult of explanation.

The persons through whom any change in the constitution of the medical profession can be effected are those whose rank and property have given them a seat in the legislative councils and a share in the government. These noblemen and gentlemen, who reside for a considerable part of the year in the metropolis, are accustomed to resort for medical advice to the heads of the colleges and corporations, most of whom are the very men whose monopoly is complained of. They are with many of them on terms of considerable private intimacy, and they hear them spoken of universally as men who are a credit to their profession and their country for their skill and experience no less than for their humanity and integrity. Again, in London, more than in any other place, is the distinction between the general practitioner and the consultant or *pure* surgeon most rigidly kept up. We are not arguing about the propriety of things, but merely stating an acknowledged fact, when we say that the general practitioner and the *pure* occupy each a different *grade*, which is recognised alike by society at large and by the etiquette of the profession. It is most rare for a general practitioner in London, however eminent or extensively engaged in his own particular department, to perform any surgical operation of importance, which in the country is done daily.

When, therefore, a question arises as to surgical rank and unjust monopoly of privileges, how is it possible that the members of the legislature can be but prepossessed in favor of those whom they know through public fame and personal friendship to be the heads of the surgical profession in London?—or what weight is it to be supposed they can attach to the complaints of persons, claiming to be put in the same rank, when they see that these persons are such as themselves voluntarily and confessedly hold (a subordinate grade as general practitioners) backed by a few others whose agitation may not unreasonably be ascribed to feelings of personal hostility or disappointed ambition.

Let us take any member of Parliament—a man who, like his class, knows only so much of the constitution of the medical profession as it bears most outwardly and palpably on the surface, but not of its inward working or the rules by which it ought to be governed—and suppose him to weigh the comparative pretensions of the council of the College of Surgeons on the one hand, and those of the 250 gentlemen who met at the Crown and Anchor on the other, even backed as the latter are by a few discontented *pures*—does it require a conjuror to say which side will preponderate?

We wonder sometimes at the want of self-estimation and proper dignity, of correct taste and of knowledge of the world, which permits men to come before the public (after the manner of some of the gentlemen last alluded to) loudly trumpeting their own claims, recounting their books and their theories, and complaining that they have not received the rewards and honors due to their great services. Why, if their claims were so obvious they need not bestir themselves to add to their fame. True merit is very quiescent. But since a selection must be made somehow, it may fairly be asked whether these gentlemen are really so unfairly treated as they affirm themselves to be;

whether if they had not been passed over in the elections to the council, some one else of equal or greater merit might not have been. And it may reasonably be asked, too, whether they came forward in the cause of reform from a sincere wish to benefit their brethren, or from a desire to revenge themselves for an exclusion which they deem unjust. We do know that certain most ardent reformers and praters about the rights of the profession have become so marvellously dormant since they entered the college council chamber, that we doubt whether they would know their own speeches again, if perchance they should open a dusty bygone volume of the "Lancet."

We cannot help thinking then that this London attack upon the College monopoly will end in no good result, because of the immense difference, we say not in the real merits, but in the weight and authority which society has conferred on the belligerent parties; and because some of the complainants may be suspected of acting from feelings of private mortification. We say not that they do, but that it may be cast in their teeth; and we speak, as we before said, not so much of the rights of the case, as of the aspect in which it would probably appear to those through whom any change can be effected.

But with respect to the provincial general practitioners the case is widely different. They are not only more numerous and influential—many possessing in their own district an influence quite equivalent to that of the most noted London *pure*—but they are uncontaminated with the taint of a particular political clique, which always seems mixed up with the London meetings;—they can be accused of no feelings of petty vexation—they were never left behind in the race for a seat in the college council—they exemplify, in their own conduct, that excellence in one department of the profession is not incompatible with excellence in all the others—they show that a man may be an accomplished scholar and gentleman, although he does supply his patients with medicine; that he can operate brilliantly in the hospital, and yet be useful in the lying-in chamber; in fact, that as a man must learn all branches in order to practise one well, so there is no difficulty in practising them all well.

These, therefore, are the men who, if they choose to bestir themselves, will be able to represent, with the requisite weight, the unjust exclusiveness of certain clauses of the college charter. Bath, Exeter, Winchester, Birmingham, Norwich—these places contain men who are neither unknown to their professional brethren, nor destitute of influence with the neighbouring lords and members of the Commons. These men may ask with confidence why a more extended sphere of practice (and what is there which requires the best qualifications of a surgeon—presence of mind, varied and ready knowledge of disease and remedies—more than midwifery?) or a distance which may be traversed in a few hours is to exclude them from all share in the government and honors of their profession. Let these men lead and direct the united efforts of their brethren, and it will not be in vain.

Before concluding, we cannot help alluding to the ridiculous and disgraceful expression which fell (in haste, we hope) from the lips of one of the speakers, when he held up the threat of putting certain persons *under the ban of the profession!* and of diverting the current of guineas which now flows into their pockets with a rapidity of which this foolish person is no doubt bitterly envious. We call this threat ridiculous, because society would hold any such professional ban in utter contempt—it would be perfectly nugatory; and we call it disgraceful, because it would beget a general trading in politics; because it would induce men to seek for professional success by popularity-hunting, and lying promises, instead of laboring in the cause of science; and because it would imply that the general practitioner in recommending a consultant, would regard politics to the neglect of the better qualifications of skill and experience, which certainly might be possessed by the most bitter and exclusive monopolist.

It must not be imagined from our remarks that we wish to disparage any honest,, well-directed efforts for the removal of the evils which at present oppress the general practitioner. We love our profession too well, and are too anxious that its members should have all those motives to industry which are afforded by a fair chance of attaining the highest honors, not to feel constrained to caution them against fruitless agitation, and against every suspicion of making common cause with tiresome old martyrs, and traders in grievances. We are far from insensible of the pernicious influence of the monopoly enjoyed by the present London hospital surgeons. We believe it was Sydney Smith who said that the poorest man who walks by St. Paul's may boast that his son, if he has talent and industry, may another day be enthroned as bishop in the cathedral church of the metropolis of the world. But there is no road by which the surgical aspirant can attain to a place in the staff of the London hospitals, unless he have first made his offering, in the shape of an apprentice fee, to the good graces of their present guardians. Or if he does succeed, it will be against their most strenuous efforts to the contrary. Industry, talent, and every other qualification, are as dust in the balance compared with the indenture fee, or the clamours of family interest.

AN AMERICAN PHYSICIAN

SENTENCED TO PAY 500 DOLLARS FOR SOME ALLEGED ILL CONSEQUENCES OF VACCINATION.

We have enough of the glorious uncertainty of the law in this country, but we hope that the present case

is without a parallel. It is reported by a Dr. C. A. Lee, in a late number of the "New York Journal of Medicine."

Certain physicians were employed by the authorities to vaccinate such inhabitants of Salisbury, Connecticut, as had never had the cow-pox. For this service the trifling sum of fifty dollars was divided between them, being about four cents, or less than twopence, for each case. It fell, unluckily, to the lot of a student, who supplied the place of one of them, to vaccinate a girl, about twenty. The punctures were made low down—in fact, very near the elbow—which was accounted for by the difficulty of raising the sleeve, a very tight one, and perhaps by her affected modesty. She complained of some degree of pain after the operation, which was followed by no very unusual degree of inflammation, but afterwards for some time she suffered from pain and stiffness about the limb, extending to the neck and jaws, and always worse *when she thought or talked about it.* But the evidence showed that even this was not very bad. In fact, she was an ill conditioned hysterical subject, and the pains were easily referable to this source. Plenty of medical evidence was adduced in proof of this view of the case.

Judge Daggett, however, in the face of the medical witnesses, and of common sense, laid down this preposterous dictum:—

"*In performing the operation of vaccination or inoculation, the physician is liable for all consequences if he neglects the usual precautions, or fails to insert the virus in that part of the arm* USUALLY SELECTED *for the purpose, notwithstanding many other parts of the body might be proven to be equally proper, and even more suitable locations.*" He illustrated this principle by saying that a man would, in like manner, be liable for all consequences, in transporting public or private property, who departed from the usual route, though the one selected should, on every account, prove to be the best one. This principle, illustrated by numerous examples, and enforced by all the eloquence of the learned and accomplished judge, sufficed to influence the minds of the jury in behalf of the plaintiff,; and they accordingly brought in a verdict in her favor for 500 dollars and costs, the total expense amounting to about 1,000 dollars. A more unrighteous verdict, I will venture to say, does not disgrace the record of any civil or criminal court in this, or in any other country.

"This case," continues Dr. Lee, "is a highly important one; for if the principle laid down by the judge, and on which the verdict was given, be correct, and is to regulate similar or analogous cases in future, then farewell to all improvements in medicine and surgery. If the physician or surgeon is bound to keep the old beaten path, and never deviate from the plan laid down by his predecessors, without exposing himself to the danger of being mulcted in heavy damages, where is the chance of improvement and discovery? Had such laws governed the decisions of English courts, we should never have heard of the splendid surgical achievements of Hunter, Pott, the Coopers, Abernethy, Bell, and Liston. The practical effect of the principle which decided the above case is well illustrated by a fact which came to our knowledge during a recent visit to the town in which the physician, who was the defendant, resides. From that time to the present, we were informed, that he had not bled a patient, for fear that inflammation of the vein might follow, or a nerve be injured, or some other injury, real or imaginary, be the result, and thus subject him to another ruinous prosecution. Rather than take such a risk, he chooses to resort to the exclusive administration of internal remedies, even where blood-letting is clearly indicated. If such a principle be adopted, who does not see that the science of medicine must retrograde, and that the people themselves are the only sufferers, as on them rests the responsibility. * * *

"In fine, from this case we learn how grateful the mass are for the gratuitous services of the physician. Here, a female, of rather more than ordinary intelligence, is vaccinated free of charge, at an expense to the town of about *four cents!* She is visited frequently afterwards, and the same attention paid her as though she had expected to reward the physician's liberal services; and then the only recompense she she makes is, to institute a legal prosecution, and follow it up, until one thousand dollars have been abstracted from the hard-earned fees of the son of Æsculapius!"

ILLIBERAL CRITICISMS OF THE BRITISH AND FOREIGN MEDICAL REVIEW.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The review of the eleventh volume of the "Transactions of the Provincial Medical and Surgical Association," in the last number of the "British and Foreign Medical Review," has surprised me not a little, as it contains a most astounding misstatement with respect to the contents of that volume, which I should never have expected from the learned and respected editor of that generally well-conducted quarterly journal.

At page 92 of the 33rd number of the work in question, after having very judiciously stated that elder practitioners owe a duty both to society and to their own profession, and that it is incumbent upon them not to let their experience die with them; but, on the contrary, that they should communicate, as briefly as they choose, what they know about the treatment of those diseases on which they have fully made up their minds, stating those rules in distinguishing diseases, or in judging their progress or termination, by which they themselves are guided, and giving hints as to remedies, sick room management, and similar details, apparently small, but really most important:—The reviewer then goes on to say, "One of the chief benefits of the Provincial Association was to afford a stimulus to such a useful exertion, and a channel for the results; and we regret that this volume should

not contain more proofs that this object has been more fully accomplished. Not more than 60 pages out of 567 are occupied with original papers on practical subjects. These few we shall analyse, with the exception of the essay of Mr. Turner, on Dislocations of the Astragalus, which we reserve for a separate notice on another occasion."

Now, all that I would ask of every reader of this extract from the said review is, to take down the eleventh volume of the Transactions from the shelf on which it is placed, and judge for himself; but, if my senses do not grossly deceive me, he will there find nearly *two hundred pages!* of this volume devoted to strictly practical papers, instead of *sixty !!* as asserted by the reviewer. It would not be right in me, perhaps, to pass any judgment on these contributions, but I may be forgiven for saying of one of them, by Mr. Turner, of Manchester, on Dislocations of the Astragalus, that it will long remain a monument of his industry, sagacity, and firmness as a practical surgeon.

Moreover, if the reviewer will again take the trouble of perusing this volume, and of comparing its contents with the *objects* which were declared at the formation of the Association to be those which should engage the attention of the members, he will find that those objects are scrupulously prosecuted in this work.

First, we have an excellent practical address, delivered by Dr. Black, of Manchester, at Exeter, containing a digest of all discoveries in practical and theoretical medicine during the previous year, which fulfils the regulation that one of the members should be annually appointed to give an account of the state or progress of medical science during the last year.

Secondly, we have an account of the medical topography of Sidmouth, in compliance with the regulation that one of the objects should be, increase of the knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical inquiries.

Thirdly, we have valuable experimental researches on tubercles by Mr. Addison, of Malvern, in fulfilment of another object of the Association, viz., the collection of useful information, whether *speculative* or practical, through original essays, &c. Even materia medica has received attention; for our worthy vice-president, Dr. Jeffreys, has introduced a new vegetable production, "matico," to the notice of the profession, which appears to possess considerable powers as an astringent; and the volume ends by devoting the 200 pages to which I have before alluded, to papers strictly practical.

Far be it from me unduly to glorify the labors of the members of an Association to which I shall ever consider it the highest honor of my life to be so intimately connected. I know full well that, individually and collectively, we fall short of the excellence at which we aim; but I do not hesitate to aver that the Association has done much towards redeeming the pledge originally given by its founders. At all events, we may fairly ask of all reviewers who condescend to notice our onward efforts, to give us credit for what we have done, and not through carelessness, or from any other cause to take from our real deserts. In short, we may fairly ask *all* who criticise our performances to speak of us as we are—to extenuate nothing, nor to set down aught in malice.

I will conclude by assuring the reviewer that I am as anxious as he can be to see the labors of the Association more fruitful of beneficial results, and I trust that each succeeding year may develop still more fully its advantages; for, to quote the words of a respected correspondent, it appears to me that there is no society in the world so admirably adapted for the collection of medical facts as the Provincial Association. The number of beds in the provincial hospitals is nearly as great as in the metropolitan, and most of the officers of the former are members of the Provincial Association; besides which, the 1700 members of the Association are distributed through a district having a population of not less than fourteen millions!

I am, Gentlemen,

Your obedient servant,

CHARLES HASTINGS, M.D.,
President of the Council of the Provincial Medical and Surgical Association.

Worcester, Jan. 20, 1844.

REVIEWS.

The Provident Philanthropist. Published for promoting the Union for Benevolence. Nos. 3 and 4.

We entertain such a sincere respect for Mr. Hansard, the editor and proprietor of this periodical, and wish success so heartily to his efforts for benefiting the condition of the poor, that we are sorry to see his energies wasted in producing the crotchety, mystical, incomprehensible schemes, and abstruse, unreadable papers, which fill this publication. We are convinced that a private individual may do much more good by personal acts of benevolence to all the poor within his reach—and he need not be long in finding objects enough for his charity—than by framing gigantic schemes and complicated associations. It is in every man's power to do some good; and though it may be done very quietly, yet the example will not be entirely thrown away. Unluckily, the greatest villain alive may rave about "universal philanthropy;" but ask him to give sixpence to one poor man, and he makes the same reply that Canning's friend of humanity made to the needy knife-grinder.

SPIRIT OF MEDICAL CRITICISM.

MR. ADDISON AND THE BRITISH AND FOREIGN MEDICAL REVIEW.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I was highly pleased at reading, in your Number for the 13th of January, Mr. Addison's temperate appeal against the most supercilious criticisms of the "British and Foreign Medical Review." Let a man's facts be opposed by other facts, and his arguments by other arguments, if you please; but, that an anonymous person should impugn Mr. Addison's statements, because he professes to understand that his microscope is a bad one, is, it appears to me, a most impertinent style of criticism, and a most unfair use of the editorial screen.

It is the duty of every judge to decide according to the evidence openly offered; but what could be said of a judge who shut his eyes to the evidence of the case before him, and charged the jury according to what he himself had heard or understood? But this is just the line this reviewer takes; for it is very evident, as Mr. Addison proves, that he could not have read with his eyes open, the paper which he criticises with such bad taste. Perhaps he has to learn that the sober part of the community are rather disposed to take the part of men who really work hard in increasing their stock of knowledge, against the haphazard dicta of some nameless and perhaps beardless dabbler in criticism.

This leads me, Gentlemen, to offer a few observations on the proper spirit in which medical books should be criticised; and here I must declare that if there is any leaning, it should be to the side of indulgence, provided that an author contributes ever so little knowledge of his own, and that his book is written fairly and without a quackish or self-laudatory bias (in which last cases he is fair game). For, to carry on the analogy with the courts of law, *age* and *experience* are generally considered the proper qualifications of a judge; but it is notorious that the writers of medical reviews are not in general possessed of those qualifications in a high degree; or if they are, I hope they have something more profitable to employ them. On the contrary, they are for the most part young men fresh from the schools; filled a little too much with the conceit of what they know, and hardly conscious of how much they have yet to learn. These young gentlemen, till they get more active occupation, may beguile their leisure by writing critiques, if they please, and be very useful too; but let them do it fairly; let them give their author's facts and arguments; let them oppose them, if possible, by any evidence to the contrary; let them expose palpable ignorance or fraud; and then leave the profession to judge. But they surely ought to be deterred by modesty from setting forth a presumptuous sentence on their own nameless and irresponsible authority. It amuses me to find a plain writer, who takes the trouble to inform his brethren of what he has seen and done, taken to task for not knowing all the "authorities" on such and such subjects; and having a few cases from obscure French and German journals raked up against him as proofs that he does not know the "literature" of a subject, a kind of knowledge which can only be got by a man who spends most of his time lounging in a reading-room; and I am still more amused at that affectation of deep and universal book-lore, which tempts these gentlemen to string together a dozen German names (dull, smoky blockheads, most of them) in behalf of the most insignificant opinion; thus trying to ape the erudition of Dr. Copland.

I can very easily frame excuses for these gentlemen. They hear such great things said of the reviews and quarterlies which treat of what appertains to polite learning in general and to politics, they remark the dictatorial tone in which these are written, and the influence they exert, and they therefore are puffed up with the idea of a like kind of authority. But they quite forget the difference. The chief of these reviews belong to political parties; they are like advocates; their statements are confessedly to uphold their own party, and depress their antagonists; moreover, they are under the control of men who have undisputed eminence for wit and learning. They are playing for high stakes, and are accustomed to play a sharp game; but the medical reviewer has a far humbler, and I would hope honester, vocation.

I have observed, Gentlemen, that when reviews have to my knowledge been written by older men, of sound experience, they have been marked by fairness and leniency; their younger brethren in the craft should follow their example. They should recollect that ours is not a sedentary, but a working profession; that a man's time for reading and writing diminishes in proportion as his sphere of observation increases. They should give due credit to men who, after the fatigues of the day, are willing to sit down and endeavour to confer the benefit of their experience on others. They should rather praise them for what they have, than blame them for what they have not.

Do not believe, Gentlemen, that I am an apologist of those "exclusively practical" men, as they miscall themselves, who cannot spare one evening from the whist-table to look at a book. No; I hold it to be every man's duty to know what is going on in the world, and to avail himself to the utmost of the experience of others. Instead of being really "practical," these men are sure to have some private theories of their own, and very odd ones too.

I shall be obliged, Gentlemen, by your giving these hasty remarks a place in an early number of your valuable Journal. I am well assured that many of your readers will not think them unfair or uncalled-for. The name of the editor is no guarantee for the qualifications of his *collaborateurs*. The ludicrous piracy brought to light by the angry American, Dr. Payne, is a sufficient proof of this.

I am, Gentlemen,

Yours obediently,

Phylax.

Cambridgeshire, Jan. 22, 1844.

TREATMENT OF BUNION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen, — In sympathy with my unknown friend, "A Country Vicar," whose occupation appears to extend beyond the pale of the church, and exercises itself on the extremities of his friends and family, I beg to suggest a remedy for that opprobrium chirurgorum, a bunion. These little points in our art, I think, are sadly neglected; and if surgeons would take more pains to remove them, their patients would increase, and also their gratitude. It is not, as your worthy correspondent says, enough for the surgeon to "look wise," and apply a plaster. No; the *remedy*, the *remedy* is wanting.

I venture to suggest that the part affected be kept constantly covered with lint dipped in warm water, this being also *well defended* by oiled silk. The best mode of applying the latter is to cut a strip about half an inch in width, and three or four inches long, turning it round the affected member. The lint should be changed night and morning, and any hardened cuticle should be gradually peeled off. When matters are improved, the continued application of the lint will be unnecessary, but the oiled silk should be constantly worn, to prevent a return of the disturbance.

By a suitable alteration of shape in the lint and oiled silk, the plan is applicable to any part of the foot.

Yours very truly,
Edward Humpage.

Bristol, Jan. 24, 1844.

THE SCHOOLMASTER ABROAD; OR, THE MOUNTAIN AND THE MOUSE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Your Number of last week, which has just reached me, offers some sarcastic remarks on the medical profession, in the shape of inquiries on the treatment of bunions, by a "Country Vicar," of Lincolnshire, who, after indulging in some complimentary allusions to the medical *friend* of the family, as he is pleased to term him, very modestly introduces his own pretensions to mechanical genius, but which, he confesses, disappointed him; and then he presents us with a contrivance from his lady, as he would persuade us, too modest to call it his own. We are further told that he had, with unwearied diligence, searched the "most ponderous dictionary without any satisfactory result," much of which time, I cannot help thinking, would have been better and more suitably employed in the administration of spiritual discourse and advice to his uninformed parishioners, the welfare of whose souls ought rather to be the study of that portion of the "black graces," the divines, than the tinkering of their persons.

But to return to the discovery. He had read and searched to no purpose, when the ingenuity of his lady, as he would have us believe, hit upon the plan detailed. Here he evidently had the advantage of his "*medical friend.*" Now, if that gentleman had been so fortunate as to have his attention called—as no doubt the divine's was, because he admits he reads your Journal—to your recommendation of that very useful little work of Mr. Druitt's, the "Surgeon's Vade-Mecum" (without reference to any more elaborate dictionaries), he would there have found, as every one else may, on the subject of bunions, the following instructions:—"Mr. Key recommends the great toe to be kept in its proper place by means of a partition in the stocking, like the finger of a glove!"—the plan this Lincolnshire parson would palm upon your readers as the discovery of his wife. Two such luminaries seldom exist in one hemisphere; truly, that portion of Lincolnshire must be blessed.

As you have readers unconnected with the medical profession, it is well they should know that if we cannot cure bunions, we can at least detect and expose piracy.

I am, Gentlemen,
Yours obediently,
A Subscriber.

Herefordshire, Jan. 25, 1844.

*** We must be excused if we express our belief that our reverend correspondent is no pirate, and if we reiterate our opinion that some easily applied and efficient contrivance for straightening the toe is a desideratum. We do not well see how the lady can be accused of copying Mr. Key's plan. His plan consists not merely of putting the toe into a separate partition in the stocking, which would be of no use at all, but of putting it also into a partition formed by strong cow's leather, fixed into the sole of the shoe. But if "A Subscriber" asks his own shoemaker, he will find that it is almost impossible to have it well done. We have ascertained, from a London bandage-maker, that he has long been in the habit of using a steel plate, similar to the vicar's brass plate, with slits in it, so that the toes may be confined in their places by tapes, but this is worn only at night. Some neat apparatus is wanted, which will allow the shoe to be worn over it, and not impede exercise.—Eds.

INQUIRY AS TO ONE OF THE CAUSES OF CARBUNCLE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—It is well known that carbuncles are frequent consequences of the hydropathic system. The Germans call them *critical;* but I suppose the truth to be that the skin is so unnaturally taxed, in order to get rid of the immense loads of water with which the blood is deluged, that at last it loses its vitality, and portions of it slough, together with the subjacent cellular tissue. The object of my note is to ask whether any of the readers of your admirable periodical have ever observed the same affection of the skin to follow in other cases in which it is subjected repeatedly to the influence of warm moisture, and made to perspire profusely.

There is in London a vapor-bath establishment, kept by a cunning old Scotchman, who pretends that he made certain discoveries amongst the American Indians, who taught him the use of *yarbs*, wherewith, he says, he medicates his vapor-bath, and which, according to him, cure every malady under the sun. Strange to say, many persons of respectability, and, amongst others, the Speaker of the House of Com-

mons, put entire faith in this old man, and resort to his vapor-baths in any case of sickness whatever. One gentleman, who has long submitted to this treatment—a very thin, delicate subject—has for some time past been troubled with immense carbuncles, which come out one after the other. Judging by analogy, I am inclined to suspect that the vapor-baths may have something to do with them; and I should be glad to learn whether any of your correspondents have ever met with any cases confirmatory of my suspicions.

I am, Gentlemen,

Your obedient servant,

?

PROVINCIAL MEDICAL SOCIETIES.

PUBLICATION OF PAPERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Some years ago I saw a note in the London "Medical Gazette," complaining of the smallness of the attendance of members at the meetings of the Medico-Chirurgical Society of London. The writer suggested that, on the evenings of meeting, an omnibus should be employed to fetch the members. I suspect that he was not in earnest. I merely allude to his paper as indicating that the most important medical society in the kingdom occasionally has a thin attendance of members.

Those of your readers who are members of provincial medical societies need not to be told that the average attendance does not, in most of them, exceed a fourth of the actual members. Fatigue, professional engagements, and various other causes, occasion this non-attendance. But if, in a society consisting of eighty members, sixty do not attend to hear the essays which are read at its meetings, and to communicate their observations, it certainly cannot be expected that papers of great merit will be offered to the society.

The truth is, that this non-attendance of members is a circumstance which is discouraging to those gentlemen who are at the trouble of producing essays, and which seriously interferes with the utility of a society. In London there generally appears in the journals a brief account of the papers read before the leading societies, which enables those who have been absent from the meetings to become acquainted with the transactions of the evening. Similar reports are sent from some of the provincial societies, but I propose that the larger societies *shall do more than this*. I recommend that the papers read before them be sent to the Provincial Journal, and that, whilst they are in type, a certain number of copies (150 copies, for instance, for a society consisting of 70 members) be struck off *separately* for the use, and at the cost, of the society before which the paper was read. I have ascertained that 150 copies of a paper, occupying about four pages of the Journal, may be obtained from the printer at a trifling cost. I recommend that fifty copies be given to the writer of the paper for distribution among his friends. I would send a copy by post in an envelope, along with the circular convening the next meeting, to every member of the society, so as to place a printed copy of the paper in the hands of those who were absent from, as well as of those who were present at, the reading of the paper. Observe, this can be done without any expense for delivery, provided the paper does not exceed four pages in length, for it will weigh less than half an ounce. Or, if it were thought more desirable, the whole of the copies of the paper so struck off (except those given to the author for his private use) might be preserved in the rooms of the society till the end of the session, when a title-page and preface might be printed and stitched up with each set of the papers, so as to form a pamphlet containing a copy of each paper, to be given to every member of the society at the end of the years. In time a small volume of transactions might be so formed. When an author produced a paper for a medical society on this system, he would feel that he was not writing an essay to be read to a few members; he would feel (thanks to the printing press and to your Journal) that the whole of the Provincial Association were his auditors, and he would exert himself in producing a paper of corresponding value. To most authors, likewise, how acceptable are a few copies of their productions for distribution among their friends! And how satisfactory must it be to the reader of a paper to know that *every* member of the society before which it was read will receive a copy of it. I look upon the scheme as a sort of premium given for good papers.

And this leads me to another point which many of your practical readers will already have anticipated; I mean the selection of papers. I think it will be generally admitted that some of the papers read before societies are not suitable for publication. Who is to decide what papers shall be published? It is obvious that, if the council were to take upon themselves to select, the harmony of the society would be immediately disturbed. But this difficulty may be readily got over by leaving to the Editors of the Provincial Journal to determine on the suitableness for publication of any paper which may be forwarded to them. The Manchester Medical Society, in consenting to a trial of the scheme, accordingly determined that the society should in no manner interfere with the selection of papers, but that it should be intimated to every gentleman reading a paper that, on sending it to the Editors of the Provincial Journal, and, on its being published by them, the society will be at the expense of 150 copies of it, fifty of which will be given to the author. It is natural to hope that, in the course of a few years, the quality of the papers will be so much improved that the whole of them will be acceptable contributions to your Journal; and I am in hopes also that this system of publishing papers may be adopted by some of the other arge provincial societies. If it is so, emulation probably will be excited, and the writers of essays be still further stimulated to give valuable contributions. The cost will be so small that the poorest society may venture upon the system, provided that the meetings do not happen very frequently. The meetings at Manchester are held every month from October till March, so that, in the course of the year, there are read about seven essays, the cost of the publication of which will not be more than a couple of guineas. If

other societies would adopt the same plan, they might send a few copies to each other. For example, the Manchester Medical Society consists of about 70 members; so that, if it purchases 150 copies of a paper, it will have nearly thirty copies to spare, after it has sent a copy to each of the 70 members, and has given the writer of the paper 50 copies. These copies might be sent to the other provincial societies for the use of their members. I think also that the scheme would have some tendency to induce other practitioners to join the societies, and that thus the expenditure upon the publication of papers would be soon more than repaid.

The paper "On Hæmorrhage and Exfoliation after Amputation," by John Jesse, Esq., F.R.S., is the first paper published by a member of the Manchester Medical Society on the new system. If any other provincial societies wish to have further particulars, I shall have great pleasure in giving them on being applied to.

I am, Gentlemen,
Your obedient servant,
SAMUEL CROMPTON,
Surgeon in Ordinary to Henshaw's Blind Asylum.

71, Grosvenor-street, Manchester, Jan. 19, 1844.

OBSERVATIONS ON THE CONDUCT OF CORONERS.

By JAMES LANE, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I believe there cannot be found two persons in the kingdom, besides the coroner and his "eminent friend," who would feel inclined to call in question the mode of treatment adopted by Dr. Shearman in his very interesting case of asphyxia. For my part, I perfectly agree with him in thinking that if he has anything to regret, it is in not having abstracted more blood when violent convulsions came on.

My object, however, in now addressing you, is not to attempt the vindication of Dr. Shearman, who must have stood completely exonerated with every respectable member of the profession, even before the able aid of Mr. Bree and Mr. Toogood; but the communications of the latter gentlemen having, very justly, revived the charges which have so repeatedly been made as to the manner in which the duties of coroner are too often performed, affords me a seasonable opportunity of supporting such charges, by a statement of the way in which the farce of holding two inquests has lately been gone through in this neighbourhood, and the more especially as it so completely confirms the assertion of Mr. Bree as to its being merely a judicial farce, got up for the benefit of the coroner, and also that of Mr. Toogood, "that most absurd and improper verdicts are frequently returned, in direct contradiction to the facts which an examination would have developed."

A young man, a shoemaker by trade, twenty-three years of age, arrived at the house of his former employer, having walked from his own home, a distance of sixteen miles; he was apparently in perfect health, and, after partaking of a frugal supper, retired at the usual hour to bed, accompanied by a lad who slept with him. On rising the following morning at seven o'clock, the boy conversed with him; he was then quite well, and said he should remain in bed a little longer. The lad had not left the room more than ten or fifteen minutes when some extraordinary noise was heard by some of the inmates, who hastened up stairs, and found the man in a state of insensibility, frothing at the mouth, speechless, and, on elevating him in the bed, he died instantly. The next day the coroner held an inquisition, assisted by a jury of the very lowest description, so hastily brought together that, in order to complete the requisite number, the stable-boy from the neighbouring inn was obliged to be summoned; and I am informed that the coroner, on entering the room to view the body, at once pronounced it to be clearly a case of apoplexy, which was certainly not a very discreet way of commencing the solemn and responsible duties of a judge. No medical evidence was called for, although the case was one of so suspicious a character; and as soon as the *regular* verdict, of "Died by the visitation of God," was returned, the coroner proceeded a little distance farther, to make the same sort of inquiry touching the death of an illegitimate infant, who had died very suddenly in the arms of its mother, or, at least, under her care, *several weeks* before, and to view the body of which a jury had been summoned the day subsequent to its decease. On the unexpected arrival of the coroner, after the lapse of so much time, some of the said jurymen were not to be found, and a messenger was dispatched for me, under the delusive hope that as I was the only medical man near, I must have seen the child; but, alas! no such thing. Fortunately, however, after some further delay, a person was found to rescue him from so awkward a dilemma, and the business was got over by a verdict similar to the former.

Both these cases ought undoubtedly to have been submitted to a most minute post-mortem examination, as I stated in a letter to the coroner, which he thought proper to take no notice of, probably fancying that I had no right to dictate to so consequential an officer. The impression on my mind was that the man died from taking prussic acid, but that, of course, could only be *known* by examination; and the circumstance of the child dying as this one did would not only fully warrant, but absolutely called for, an examination of the body.

In addition to the reasons stated by Mr. Bree, why coroners so commonly dispense with medical evidence, may, I think, be mentioned another, namely, that at quarter sessions their accounts are often subjected to the most illiberal scrutiny—a circumstance which tends as much as anything to render the office useless. If coroners decline to avail themselves of medical evidence simply because they will be out of pocket until quarter-day, surely it is desirable that the power should be given to them of drawing upon the county treasurer.

I am, Gentlemen,
Your obedient servant,
JAMES LANE.

Grosmont, Jan. 16, 1844.

MORE ROUGH NOTES, AND A FEW FACTS, FOR LORD ASHLEY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I think the cause of the Profession *versus* the New Poor-law will be best served by every member of it stating his own peculiar grievance, and suggesting the remedy he judges most appropriate, I will recount mine.

The district of which I am medical officer comprises six villages, at the respective distances from my residence of five, three and a half, four, three, four, and four miles. The system of payment adopted is by a permanent list, comprising the old and infirm paupers, thirty-nine in number, at 2s. 6d. per head, sick or well, throughout the year, and, by special cases, 7s. 6d. per head. I have copied the following cases, as they stand, at random from one leaf of my weekly report-book, and added the length of time I was in attendance on each:—

A. B., marasmus	10 months.
C. R., chronic bronchitis .	5 ,,
H. B., hysteria	12 ,,
J. B., ascites and anasarca .	3 ,,
A. B., typhus	1 ,,
S. T., marasmus	4 ,,
S. S., lepra	6 weeks.
W. L., typhus	5 ,,
J. L., typhus	7 ,,
J. T., ascites	13 ,,
R. B., typhus	5 ,,
M. T., typhus and pneumonia	3 days.

Of these only two ever came to my residence during treatment; many required seeing every other day. I can honestly attribute the protracted and too often fatal nature of many who fall under my notice to the length of time allowed to elapse before assistance is sought or granted, the per case system discouraging them from seeking orders of the relieving officer, he being so unwilling to grant them, as every one is a fresh 7s. 6d. out of the pockets of the rate-payers.

I need not point out what a loss to me the foregoing cases *must* be. I am so situated that I must take the district, yet can ill afford to lose by it, in doing my duty to the poor placed under my charge. Many of my young *confreres* will understand how this may be. What must be the result where a man must take it who *cannot* afford to lose by it? I would propose substituting for the per case system a fixed salary, proportionate to the population and distance, placing with the medical man a list of all those persons entitled to medical relief, and enjoining them to apply to him as soon as anything was the matter with them, *venienti occurrite morbo*. If any casual cases, not on the list, become entitled to relief, let them be paid for per case. I frequently have great difficulty in obtaining, without delay, meat, wine, or beer, for the sick, from their having first to present *my* order to the relieving officer, to get one *from him* on the tradesman. Why not make the order of the medical man *payable at sight* by the tradesman?

I am, Gentlemen,
Your obedient servant,
A COUNTRY DOCTOR.

Jan. 21, 1844.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In my late communication, I regret to say that I have made an erroneous statement. Will you allow me to correct it?

I instanced three workhouses of equal size, in which the surgeons' salaries were respectively £80, £40, and £20. This latter sum is incorrect. It *was* £20; but when the Vaccination Act came into operation, some time since, the board of guardians, in order to meet the increased expenditure of the poor-rate, caused by the eighteenpenny fees, reduced the salary to £19, at which sum it now stands. I need not make a single comment upon this liberal proceeding.

I am, Gentlemen,
Yours obediently,
H. W. LIVETT.

Wells, Somerset, Jan. 30, 1844.

SURGERY AT BATH—REPLY TO THE ACCUSATION OF OS COCCYGIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In common with many other practitioners in this town, I have felt both injured and insulted by a communication in your last Number, signed Os Coccygis, the purport of which is to throw upon the profession generally in this town an imputation which now, and in all former times, they have indignantly disclaimed.

It is no part of my business or intention to single out individuals for censure or attack; public opinion is quite strong enough, both in and out of the profession, to do itself full justice. But the case is different when, as is done by your correspondent, an attempt is made to bring against all, or many, a charge which attaches only individually. It is *not* true that "cases of this kind are numerous, nor are they, as formerly, confined to one practitioner, but distributed among many, 'all, all honorable men.'" It needs only to reverse this picture in every particular, in order to substitute truth for misstatement.

I assert, and without fear of contradiction, that nowhere more than in this city has the abominable and deceptive practice in question been denounced and disavowed by honorable and intelligent men, and that it needed no fresh "untoward event" to prove to practitioners here that its danger was hardly less than its dishonesty.

I am, Gentlemen,
Your very obedient servant,
MEDICULUS.

Bath, Jan. 19, 1844.

MR. EVANS'S RARE CASES IN MIDWIFERY.

We received last week, too late for insertion, the following addendum to Mr. Evan's case of Hæmorrhage before Delivery:—

The umbilical cord was tightly strung round the neck of the fœtus, and, on examination, was found to be not more than fourteen inches long.

Mr. Smith thought the cause of flooding would be found in some portion of placenta, but I am of opinion that the shortness of the cord, and its twist round the neck, is quite as satisfactory, having, about a year ago, had a similar case, in which none other could be assigned.

RETROSPECT
OF THE
MEDICAL SCIENCES.

SUCCESSFUL APPLICATION OF ACUPUNCTURE FOR THE CONSOLIDATION OF A FRACTURE. BY DR. WIESEL.

A young man, aged twenty-six, of a strong constitution, fractured the two bones of the forearm; the fracture was simple.

The surgeon who attended him, perceiving that, at the end of five weeks after the accident, reunion had not taken place, applied afresh the apparatus, and ordered absolute repose for the limb for four weeks longer. This time having elapsed, M. Wiesel observed that the fragments of bone still preserved their mobility, and he then determined to have recourse to acupuncture, which he performed in the following manner:—

He introduced, between the two moveable fragments of the ulna, two needles, sufficiently long to traverse the false articulation from side to side, and kept the needles in that position for the six following days, after which he withdrew them, because they had excited, by their presence, a considerable swelling of the part, and severe pain.

M. Wiesel, fifteen days afterwards, traversed in the same manner the false articulation of the radius, with two other needles, which, at the end of a few days, caused sharp pain, and a slight suppuration. He then applied a simple bandage to the limb, and in the space of six weeks a complete consolidation took place.

This case is no less interesting for its success than for the simplicity of the means adopted. It proves that, in cases of false articulation, the surgeon, before employing the seton or removing the ends of the bone, has a method to try, very simple and innocent, and which, in some cases at least, has been attended with most advantageous results.—*Giornale per servire ai progressi*, and *Gaz. des Hop.*, Dec. 16, 1843.

ON A NEW METHOD OF PRODUCING AN IMMEDIATE BLISTER. BY M. DAUCQ, OF STENAY.

This method, which the author proposes to call *blistering by the watch-glass*, is effected as follows:—Drop into a flattish watch-glass eight or ten drops of the strongest liquor ammoniæ; cover the liquid with a piece of linen, its diameter rather less than that of the glass; apply the glass containing the linen to the skin, previously shaved, and keep it in its place by moderate pressure with the fingers. As soon as a red zone can be perceived round the glass, we may be certain that the vesication is completed; in most cases thirty seconds are sufficient to obtain this result. There only remains then to remove the apparatus, wash the part, and take off, with dissecting forceps, the epidermis, which comes off easily, and in one flake. The subsequent dressing may be varied according to circumstances, whether counter-irritation or the endermic administration of medicines be the object.

CASE OF REMOVAL OF UTERINE POLYPUS. BY JOHN V. P. QUACKENBUSH, M.D., OF ALBANY.

I was called to Miss ———, aged thirty-nine, June 4th, 1843, whom I found much exhausted by a severe hæmorrhage, which had existed for a number of days. She told me she had not enjoyed good health for two or three years, during portions of which time she had been under medical treatment; that every month she suffered much from excessive flooding, every successive turn of which rendered her still weaker; and that she had now given up all hopes of ever getting well.

On making an examination per vaginam, I found the uterus in the following condition:—The neck was entirely obliterated, as at the ninth month of pregnancy, and it gave the same sensation to the touch as when the membranes have been prematurely ruptured, and the head of the fœtus presses directly upon the walls of the uterus. The os uteri was dilated one inch in diameter; and upon inserting my finger, I discovered a hard tumor, which I pronounced to be a polypus. I now inspired my patient with hopes, by stating that I thought I would be enabled to remove it during the course of the summer. I endeavoured to suppress the hæmorrhage by means of astringents and injections, but did not effect much by my treatment. In the course of a few days, when the hæmorrhage had ceased, I prescribed muriated tincture of iron, twelve drops, morning, noon, and night, and the daily ablution of the parts with cold water. Under this treatment my patient gained much. She became stronger, regained her appetite in a great measure, and was enabled to sleep well, which she had not been able to do for many months. She continued to improve until August 20th, when she had another very severe attack of menorrhagia, accompanied with regular labor pains. I visited her, and, on examination, found that the polypus had descended from the uterus, and now occupied the vagina. I decided upon operating; and not being able to obtain any suitable instrument at the time, I constructed one for myself, which has at least one recommendation—simplicity. I applied my ligature, August 26th. During the time the ligature was applied, the patient appeared to grow weaker daily, and I was compelled to support her strength by administering stimulants. On the sixth morning, Sept. 1, the ligature came away; and, upon examination, I found the polypus detached and lying loose in the vagina.

In the evening a messenger came after me, wishing me to visit my patient immediately, as she was much worse. I found her suffering severe pain, caused by the efforts of the vagina to relieve itself. The polypus was expelled during the evening; the patient fell asleep and slept soundly till morning, when she felt much refreshed, and appeared better than I had seen her for a month previously. Since that time, she has been gradually improving; and she is now able to sit up during the greater portion of the day.

The tumor, after being deprived of all the blood it contained, weighed ten ounces.

At the time I operated, there was another tumor, of the size of a goose-egg, connected, as I supposed, with the left ovarium, which had existed for more than a year. On Sunday, Sept. 3, my patient had a discharge from the vagina, of a substance which, from the description she gave of it, I considered to be pus.

While the discharge continued, the tumor *seemed* to diminish; and this morning, Sept. 18, upon

examination, I could not feel it, except when I pressed very hard upon the walls of the abdomen. It does not now appear larger than a filbert.

Upon the nature and situation of this tumor, I will leave you to decide for yourself.

The instrument I used consists of three small rods, about eight inches in length, and perfectly straight. Two of the rods have a small hole at one end, large enough to admit the ligature. The other rod has a loop at one end, large enough to allow the first two rods to pass, and at the other end a shoulder, around which the ligature is to be fastened.

The instrument is to be applied in the following manner:—

The two rods, armed with a ligature, are placed side by side, and, guided by the finger, are to be passed up the vagina, along the polypus, till their upper ends reach that part of the stalk round which the ligature is to be applied. Now, the rods are to be separated and moved quite round the polypus, so that a portion of the ligature will encircle the stalk; then the loop of the third rod is to be slipped over the other two, by which means they are drawn together; all which being effected, the two rods are to be withdrawn, and the ends of the ligature with them.

You now fasten the ligature around the shoulder, and leave nothing in the vagina with it but the simple rod.

Such is the instrument I wish to introduce, and which, I think, possesses two advantages over the one generally used.

First, it is much more simple and easily constructed; and, secondly, as it is much smaller, it will consequently cause much less irritation during its application.—*New York Journal of Medicine*, Jan., 1844.

DR. GOODFELLOW ON THE STRUCTURE OF VOLUNTARY MUSCLE.

In the January number of the "Physiological Journal," Dr. Goodfellow brings forward some observations in support of Fontana's opinion of the fibrillary structure of muscle, and against the doctrine of Mr. Bowman, who believes muscle to be composed of discs or particles, arranged and united together edgeways and sideways, like so many piles of halfpence, and consequently that there are no real ultimate fibrillæ, and that a transverse cleavage is just as natural as a longitudinal one.

"It would appear," says Dr. Goodfellow, "that each fibril is composed of an external investing tubular membrane or *sarcolemma*, from which processes extend transversely across the cylinder of the fibril, forming chambers or spaces for certain particles which Mr. Bowman has denominated primitive particles or sarcous elements, but which I think would be more properly termed *primitive* or *sarcous discs*. These bodies are perfectly rectangular, and when in their natural condition have the same diameter between the opposite surfaces; but when elongated, by being extended from one portion of the fasciculus to the other, they, as well as the entire fibril, become narrower in the transverse diameter. No trace of any remains of any connecting medium between the contiguous fibrillæ could be detected. According to the admeasurement of Mr. Lealand, the diameter of the single fibrilla is the 1-20,000th of an inch, which, supposing that it had been elongated during the manipulation, and, as it now appears in the preparation, to twice the diameter longitudinally than transversely, the diameter of the fibrilla, in its natural condition, would be about the 1-10,000th of an inch.

"If the above view of the structure of muscle be correct, each *primitive fasciculus* may be said to be made up of a number of fibrillæ, running together in a general longitudinal direction, united together, most probably, by a very fine areolar tissue, and the whole invested in a peculiar homogeneous membrane or sarcolemma. Each of these fibrillæ is again composed, as before stated, of an external tubular membrane, in which are contained rectangular bodies or discs, which are enclosed in chambers or spaces, formed by processes of the external investing membrane extending across the tube. The fasciculi are again united in bundles by areolar tissue of a coarser kind, forming the coarse fibres of descriptive anatomy. That there is a greater tendency in muscular fasciculi to split in a longitudinal direction, I think nearly every one has observed, and, contrary to the opinion of Mr. Bowman, I feel inclined to regard the longitudinal cleavage as a *natural* one, and one which may be effected without any rupture of the intrinsic components of the fibrilla, viz., the sarcolemma, discs, or transverse partitions."—*London Physiological Journal*, Jan., 1844.

INOCULATION OF SALTS OF MORPHIA FOR NEURALGIA.

Dr. Jaques, of Antwerp, being called in to a young girl, who had a very obstinate supra-orbital neuralgia, had in vain employed antispasmodics, the sulphate of quinine, and the salts of morphia by the endermic method, when he conceived the happy idea of introducing some sulphate of morphia by inoculation under the skin. For this purpose, having dissolved two or three centigrammes of the sulphate of morphia in a small quantity of water on a bit of glass, he took up this solution by means of a vaccinating lancet, and made about forty punctures over the seat of pain; a marked relief ensued. The operation was repeated for some days, and the patient, who had been for a long time ill, was completely cured. The same plan of treatment has been applied in the treatment of sciatica; the inoculations have been made the whole length of the sciatic nerve, and the patients, on whom all other kinds of treatment had been of no effect, have been completely cured. Each puncture is immediately followed by a white elevation of the skin, which disappears on the next day. Poultices are useful to subdue the irritation arising from the punctures.

This is a certain and speedy mode of administering energetic medicines; and it is probable that it may be had recourse to in many other circumstances.—*Bouchardat's Annuaire de Therapeutique*, &c. 1844.

EASY METHOD OF RENDERING WALLS IMPERVIOUS TO WET.

Many of our readers will, perhaps, be interested in learning the following very simple method of rendering walls impervious to wet. When houses are built of brick or porous stone, and are in situations exposed to the south-west, the rain, during heavy storms, is apt to soak abundantly through the walls, deluging

the floors, and, of course, causing much misery to the inhabitants. This may, however, be prevented by a very simple process, the invention of Mr. Sylvester, an architect. It consists in washing the brick or stone with a hot solution of three-quarters of a pound of mottled soap in a gallon of water, laid on evenly with a large brush. Care must be taken not to make the soap frothy. This wash, after the space of twenty-four hours, is followed by a second, composed of half a pound of alum, thoroughly dissolved in four gallons of water. These materials are found to penetrate deeply into the wall, and to leave on the surface a thin scaly integument, causing no discoloration, and, in fact, imperceptible, except on a close inspection.

At a late meeting of the Institute of British Architects, a communication was read, stating several instances in which it had been used with success. One case was that of a building on the sea-coast, almost uninhabitable, from the water which drove through the walls during storms from the south-west, but which was rendered by this process perfectly dry. In another instance, an experiment had been made upon a cistern of Reigate stone, which had served its purpose for three years without leaking. With regard to the cost of applying the process, the expense upon a large building, with a frontage of 100 feet, did not exceed 45s. We suppose the *rationale* of the process to be the formation of a hydrate of alumina, which entirely closes the pores of the brick or stone.

MEETING AT THE CROWN AND ANCHOR,

TO CONSIDER THE CHARTER OF THE ROYAL COLLEGE OF SURGEONS.

On Monday evening a meeting of medical gentlemen was held at the Crown and Anchor Tavern, for the purpose of taking into consideration the alleged unjust character of the charter recently granted to the College of Surgeons.

Mr. Macilwain having been called to the chair, said that the charter had been received, on the whole, with great dissatisfaction. The raising a limited number of members into the rank of fellows was an unjust measure, considering that all the members had undergone the same examination. But the manner in which these members had been selected was more unjust still; for it had been made with an undue attention to the interests of the London hospital surgeons, to the exclusion of many men distinguished by their age, talent, and respectability, and who were actually members before some of the present fellows were born. The charter excluded also from the council those who practised midwifery and pharmacy —a most unjust exclusion, since it disqualified nine-tenths of the profession, and since it insinuated an inferiority of rank, which is absurd. The practice of midwifery not only increases very obviously the sphere of a man's usefulness, but demands also additional acquirements; it is practically obligatory on nine-tenths of the profession, in order that they may be useful at all. Yet the great mass of the profession were constructively degraded by this exclusion, which, with the limitation of the honors of the council to those only who live five miles from St. Martin's le Grand, was only a cloak to monopolise the whole honors and emoluments of the college for the surgeons to the London hospitals.

After the Chairman's address, a Dr. Lynch moved the following resolution :—"That we view with indignation and regret the distinctions introduced by the recent charter, which, having reference to no fixed standard or qualification, are founded upon unjust and invidious principles injurious to the interests and degrading to the great body of the profession."

This resolution was seconded by a Dr. Wilson, who, amongst other things, inquired how it was that medical reform had for so many years been asked for in vain by thousands of well educated men; and how was it that a clique of twenty-one had now dared to produce the charter so loudly and so justly complained against? It was because the general body of the profession had been apathetic and disunited, and in was only by union that they would have their right and interests protected. They must tell the council that, if they did not accord to them that which they now claimed, they would put them under the ban of the profession, and take care that the guineas should not flow into their pockets so plentifully as they had done.

Mr. Carpue having next addressed the meeting, the resolution was passed *nem. con.*

A second resolution was then passed, to the effect "that this meeting considers that, to prevent the many and serious mischiefs arising to the profession and society from the irresponsible powers exercised by the council of the Royal College of Surgeons, it is essential Parliament should provide an uniform system of medical education, conducted by men representing the feelings and opinions of the whole body of medical practitioners."

A third resolution, pledging the meeting to the strenuous adoption of measures for ensuring the rights and interests of the profession, was then moved by Mr. Dermott, and passed; and the meeting having appointed a committee to carry out its objects, "separated at a late hour."

BOOKS RECEIVED.

London Physiological Journal for February.

Prize Essay on the Nature and Objects of Medical Science. By Philip Henry Williams, M.D., Edin. London, 1844. p.p. 52.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first 79 are quite out of print, and but few copies remain of many of the later Numbers.*

A correspondent, under the signature of *Medicus*, wishes it to be suggested to Mr. Lee that the subscription usually paid by members of the Provincial Medical and Surgical Association to the Benevolent Fund is 5s. annually, instead of 4s.

Obstetricus should give his name in confidence. His remarks shall appear next week.

A Surgeon will find some remarks at p. 356.

Several valuable communications have been received from *Dr. Chambers*, *Mr. Rose*, and *Dr. Sandwith*, which shall appear next week.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 176.] LONDON, SATURDAY, FEBRUARY 10, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CASE OF CANCER OF THE STOMACH,

OCCURRING IN A PATIENT WHO WAS THE SUBJECT OF A RARE CONGENITAL CONFORMATION OF THE KIDNEYS.

By Humphry Sandwith, M.D.,
One of the Physicians to the Hull General Infirmary.

The following case may not be deemed unworthy of the attention of the profession, both from its rarity as an example of congenital peculiarity of structure of the kidneys, and from its practical relations to diagnostic medicine :—

Elijah Field, aged forty-nine, who had resided all his life in a most healthy locality on the Yorkshire wolds, was placed under my care, as an in-patient, at the Hull Infirmary, September 22, 1843. There was some tenderness in the epigastrium, with fulness and tension towards the right side. There was nothing in the previous history of the case to throw light on the origin of the disease, beyond the fact of the patient having suffered much anxiety two years before from a loss of property. He was of the sanguine temperament, and evinced much acuteness of intellect, with a morbid irritability of temper. He was put upon gruel, rice, and beef-tea; had the epigastrium leeched and blistered, and took the ponderous carbonate of magnesia with hydrocyanic acid, and the milder alterative and aperient medicines. The relief from this plan was inconsiderable, and but temporary. After a few weeks' trial of various modifications of treatment adapted to the relief of severe stomachic irritation, the emaciation still progressing, he left the hospital for a short time, for the benefit of his native air.

He again returned to the hospital, November 27, with a more decidedly visceral countenance, and the peculiar sallow hue indicative of carcinoma. The emaciation was progressing rapidly. He also experienced an increase of gastrodynia, with occasional vomiting of half-digested food some time after a meal; and, in the fasting state, of a mucous secretion streaked with blood. On this occasion my attention was drawn to a swelling about the navel (now more apparent from the great emaciation), which imparted a strong pulsation to the fingers, and even indicated the same to the eye on a close inspection. The stethoscope also conveyed to the ear a distinct *bruit*. The swelling did not feel like an aneurysm, but rather like the aorta in a well marked state of dilatation. Having ascertained these facts, I showed the case to Mr. Wallis, the able teacher of anatomy and physiology at the Hull School of Medicine, and my surgical colleague at the hospital, who entirely coincided with me in the conjecture that the phemomena arose from dilatation of the abdominal aorta, and who also suggested that the pressure of the dilated vessel on the thoracic duct might have much to do with the rapid emaciation.

Shortly afterwards the patient returned into the country to die at home, there being plainly no resources in medicine to do more than palliate the most urgent and distressing symptoms. He still sent to the hospital for a supply of medicines, and continued to the last to derive great comfort from the ponderous carbonate of magnesia and hydrocyanic acid, with tincture of henbane. Large draughts of cold water allayed his thirst. He also took, with advantage, half grain doses of hydrochlorate of morphia at nights. He died Jan. 5, 1844.

Post-mortem Examination.

The dead body exhibited marks of extreme emaciation. On opening the abdomen, the tumor, which had been mistaken for a dilated aorta, presented itself, and consisted of an intervening portion of kidney overlaying the aorta. Accordingly, instead of two kidneys, *the renal apparatus was but one,* which took a semilunar form, the two pelves of which necessarily ranged themselves more at right angles to, than in a parallel direction with, the spinal column. The two renal arteries went off as usual from the aorta down to each lateral portion of the double kidney, but at a much more acute angle in relation to the spine than is usual. There was this peculiarity also about the supply of blood to it, that a third renal artery arose just above the bifurcation of the aorta into the two iliacs, and mounted upwards for distribution to the intervening portion of kidney, which overlaid the aorta. Another singular accidental circumstance combined with this *lusus naturæ* to give additional prominence to this tumor. There was a considerable exostosis shooting off from the entire surface of the body of the third lumbar vertebra, which raised both the aorta and the superincumbent portion of kidney. This disease of the bone was probably the result of a concussion given to the spinal column many years before from a fall on the head from the top of a waggon laden with straw.

In these unexpected appearances we found at once a solution of the phenomena observed before death, so far as the abdominal tumor was concerned, and the correction of our interpretation of them. The strong pulsation was evidently owing to the joint influence of the aortic movement, and of the synchronous action of the three renal arteries. The *bruit* must have been produced either by the recurrent movement of blood in its propulsion through the third ascending renal artery, or by some mechanical impediment offered to its course through the aorta by the exostosis before mentioned. But in all this we found no explanation of the symptoms of disease of the stomach and its accompanying emaciation. An inspection of that organ, however, satisfactorily explained the whole. Though cancer of the stomach occurs, as is well

known, most frequently in the pyloric portion, yet no part of the organ is exempt from its ravages. In the present instance the entire lesser curvature, including both the cardiac and pyloric orifices of the stomach, was much thickened by carcinomatous change of structure, and exhibited interiorly a ragged and ulcerated surface. In short, the ravages of cancerous disorganisation had obviously annihilated the functions of the organ.

The post-mortem examination was executed in my presence by Mr. Wallis, who, having seen this report of the case, attests its substantial accuracy as to all the anatomical details. He has also kindly furnished me with the following notes of his own, taken on his return home after the inspection of the body:—

"On opening the abdomen, and reflecting the omentum majus, a fleshy-colored tumor presented itself in the umbilical region, covered by a layer of peritonæum. On removing this covering, the kidney presented itself not united by an isthmus, as is sometimes the case, but placed transversely across the spinal column resting on the third lumbar vertebra. The renal arteries arose from the *anterior* surface of the aorta; the left a little below the right, and entered the middle portion at a distance of about two inches from each other, where the pelves were situate. The renal veins ascended some distance, and communicated with the vena cava ascendens, the left reaching higher than the right. A third renal artery arose from the aorta, just above the bifurcation, and, after ascending, subdivided into two branches in the central portion near the pelves; the blood from this vessel was returned by the renal veins. The two ureters descended in front of the kidney.

COINCIDENCE OF ALBUMINURIA AND PUERPERAL CONVULSIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As the following case is a good illustration of the coincidence of albuminuria and puerperal convulsions, perhaps you will deem it worthy of insertion in your Journal:—

E. G., aged twenty, unmarried, and pregnant for the first time, a stout, healthy-looking woman, had passed through eight months of gestation in the enjoyment of perfect health. During the last month, however, she became universally anasarcous, her face even being much swollen and pallid; for a week previous to her confinement she had suffered much from headache. On the 4th of January last she was delivered by a midwife of a living female child, her labor being easy and natural. Almost immediately after delivery she became hysterical, crying and sobbing violently; this state lasted nearly an hour, and then terminated in a regular convulsion, speedily followed by a second. I was summoned, and, on my arrival, found her in a half unconscious state, breathing heavily, and complaining of great pain in the head, the pupils dilated and sluggish, and her pulse quick, sharp, and bounding. She almost immediately had another violent convulsion; when this had subsided I opened a vein in her arm; after about twenty ounces had been drawn the pulse suddenly failed, and of course the vein was closed. Two drops of croton oil were given, and her legs wrapped in mustard poultices. After three-quarters of an hour had elapsed she had another violent convulsion. As the pulse had again risen, I opened the vein, but not more than six ounces of blood had escaped before the pulse again failed. She now became much more sensible, and said the pain in her head was better. I ordered an enema to be administered directly, and left her. At the expiration of three hours I again saw her, and found that she had had three convulsions; she was now more insensible than I had yet seen her, her pupils dilated, and breathing laborious. With her pale, bloated face, and the cold, doughy surface of her body, she bore a striking resemblance to a person laboring under the coma of Bright's disease; the pulse had become sharp and hard, so that I abstracted twenty ounces more blood. Very soon after this blood-letting she became more sensible, answered me rationally, and expressed herself much relieved of the pain in her head. The first drawn blood was highly buffed and cupped; that from the last two bleedings not at all so.

The enema had acted well. I now gave her a quarter of a grain of antim. pot. tart. every half hour. She fell asleep for some hours, and slept quietly, but very frequently, and for hours after, the muscles of the face were convulsed, although she had no more general convulsion.

No urine was *secreted* for nearly forty-eight hours after her delivery; at the expiration of that time I drew off about six ounces of very thick urine, which was highly albuminous. For the next four days the discharge of urine was abundant; the quantity of albumen in it diminished rapidly, and at the end of a week there was not a trace of it; the anasarca also had disappeared entirely.

The medical treatment pursued was the administration of two grains of hydrarg. chlor., and a quarter of a grain of antim. pot. tart., every four hours, with one drachm of mag. sulph. ex. liq. ammon. acet. After three days all medicines were discontinued; her gums were very slightly affected by the mercury.

Of the fourteen cases of puerperal convulsions, recorded by Dr. Lever as occurring in Guy's Lying-in Charity, thirteen were accompanied with albuminuria. This coincidence, first observed by that gentleman, is a most interesting fact, especially as the convulsions bear so marked a resemblance to those which frequently precede the death of patients suffering under Bright's disease of the kidney. It is very desirable that all those who meet with cases of puerperal convulsions should carefully examine and record the state of the urine; in this way a mass of observations might be soon collected, from which a more correct and definite pathology of this fearful disease could be deduced.

I am, Gentlemen,
Your obedient servant,
Caleb Rose.

Swaffham, Norfolk, Jan. 30, 1844.

ON

CHRONIC PLEURISY WITH EFFUSION,

OR EMPYEMA.

By Richard Chambers, M.D.,

One of the Physicians to the Essex and Colchester Hospital.

[*Concluded from p.* 325.]

Even if the existence of tubercle is ascertained, I believe that we afford our patients a better chance of recovery by treating the pleuritic affection, inattentive to the tubercular complication; at least, by doing so we remove one source of excitement to the circulation, and we place the lungs in a more favorable condition for resisting the progress of the disease. The treatment then consists of mercurialisation, nutritious diet, and confinement to bed, as auxiliaries; local bleeding, blisters (but not till after the mercurial excitement has subsided), antimonials, and iodide of potassium, may be used, as the individual judgment may suggest. With this line of treatment, I believe the operation of paracentesis will be rarely, if ever, required, and it ought in no case be resorted to till it has been tried. It is, as Dr. Hope has justly remarked, the presence of anæmia and hectic, and the neglect of physical examination, that has so long obscured our views of the pathology and treatment of this disease.

Case I.—J. H., aged forty-four, a laborer, admitted into hospital September 28, 1843; about three months ago was seized, while at work, with a pain under the sternum, which confined him for three days; after that he resumed his work, at which he continued till a fortnight ago, when he found it impossible to remain at it, in consequence of great dyspnœa. Although he made no particular complaint, except of some dyspeptic symptoms (for which he had advice), he has never felt well since he was first seized. At present he complains of dyspnœa, so great as to render walking quite a labor; pain in the left side, and a difficulty of lying upon either; emaciation; slight cough; pulse 72, weak; is troubled with occasional rigors.

Physical Signs.—Respiration increased over both lungs superiorly; dulness and absence of respiration over the entire of the left side, as high as the fourth rib, and dulness, with absence of respiration, over the inferior portion of the right side; a *gurgling* of fluid can be heard on both sides; the left side measures an inch more than the right; the heart pulsates to the right of the sternum. Let six ounces of blood be taken by cupping-glasses from the painful part of the left side. Take of

Calomel, two grains;
Emetic tartar, an eighth of a grain;
Extract of opium, a third of a grain. Mix. Let a pill be made, to be taken three times a-day.

Half a drachm of mercurial ointment to be rubbed in the inner part of the thigh night and morning.

Sept. 29. Pulse 72; feels low; had less rigors last night.

Oct. 1. Pulse 78; bowels were moved eight times during the night; the line of dulness is lower on the left side, and a slight friction sound is audible over the inferior portion of the right.

4. Fluid decreasing; pulse 84; breathes more freely.

8. Pulse 78; mouth very sore; feels better; respiration free over the two superior thirds of the left lung; friction sound inferiorly. Omit the ointment; repeat the pills, to be taken night and morning; to have a pint of beef-tea for dinner.

12. Slept on his left side last night; this he had not been able to do since he was first seized.

14. Much better. Application of a blister to the left side.

18. Application of a blister beneath the left scapula; to take a pill every night. Take of

Iodine, a quarter of a grain;
Hydriodate of potass, two grains;
Water, one ounce. Mix. To be taken three times during the day.

23. Effusion nearly absorbed; pulse 78; percussion clear down to the seventh rib; a slight friction sound inferiorly. His convalescence was uninterrupted; the treatment was discontinued on November 6, and he felt well enough to be discharged in a week after. I saw him last week, and he was quite free from any trace of disease.

Case II.—J. R., aged thirty-seven, butcher, admitted January 4, 1844; was carrying a surveyor's case about thirteen weeks ago, when he got a fall, that compelled him to lie down in a field for a couple of hours. The same night he was seized with a pain in both sides, for which he has been under treatment till now.

At present he complains of general exhaustion and dyspnœa; countenance anæmic; pulse 120; respiration 40; slight cough; lies upon his back; there is dulness and absence of respiration over the lower part of both lungs, and the gurgling sound can be heard on both sides. Take of

Calomel, fifteen grains;
Compound soap pill, ten grains. Mix. Let six pills be made, one to be taken night and morning.

Nitrate of potass, tincture of digitalis, of each one drachm;
Emetic tartar, two grains;
Compound tincture of camphor, half an ounce;
Water, eleven ounces and a half. Mix. Two tablespoonfuls to be taken four times a-day.

Jan. 6. Pulse 90; other symptoms as before.

8. Pulse 80; mercurial fœtor; fluid decreasing.

10. Mouth sore. One pill to be taken every night.

13. Mouth very sore; pulse 80; respiration free over the greater portion of both lungs; gurgling still present. Omit the pill. Take of

Hydriodate of potass, three grains;
Solution of potass, six minims;
Spirits of nitric æther, twelve minims;
Water, one ounce. Mix. To be taken three times during the day.

18. His recovery has been progressive; complains of great perspirations. Omit the mixture of potass. Take of

Sulphate of quinine, four grains;
Dilute sulphuric acid, twenty minims;
Water, eight ounces. Mix. Two tablespoonfuls to be taken three times a-day.

27. He is now free from complaint, and remains in hospital only to recruit his strength.

Case III.—J. T., aged twenty, a laborer, admitted November 23, 1843; had an attack of pleurisy six months ago, and has not been well since; at present he complains of headache, and pain in the right side; slight cough, and scanty expectoration; pulse 96; skin dry; the right side measures half an inch larger than the left; there is dulness and absence of respiration over the inferior part of the right lung, and a mucous râle in the infra-clavicular space of the same side, but no perceptible dulness; a gurgling can be heard quite distinctly in the inferior portion of that side. Six ounces of blood to be taken by cupping-glasses from the right side. Take of

Blue pill, one grain;
Extract of opium, one-third of a grain;
Ipecacuanha, half a grain. Mix. Let a pill be made, to be taken three times a-day.

26. Feels better; pulse 84.

27. Pulse 98; skin hot and dry; no uneasiness in the right side; gurgling still exists; bronchial respiration in the inferior part of left side. Blood-letting to twelve ounces. Take of

Emetic tartar, one-sixth of a grain;
Water, one ounce. Mix. To be taken every four hours.

Repeat the pills.

From this period he continued to improve, his chest becoming everywhere free, except beneath the right clavicle, where there existed a shade of dulness, and an increased sound of expiration; a slight click was also audible on each inspiration, and, as he expectorated some dark, jelly-like sputa, I found the breaking down of tubercle. Let a seton be inserted under the right clavicle. Take of

Solution of potass, a drachm and a half;
Hydriodate of potass, one scruple;
Tincture of hyoscyamus, one drachm;
Compound decoction of sarsaparilla, ten ounces. Mix. Two tablespoonfuls to be taken three times a-day.

He improved so much that he became free from complaint; but, as his constitution was naturally cachectic, I made him an out-patient on the 4th inst., that he may be able to continue the treatment.

Case IV.—On the 4th of November, 1843, I accompanied Dr. Clarke to visit W. F., aged thirty, who had been in bad health for the last year; he complained of slight cough, attended with scanty muco-purulent expectoration; emaciation; night sweats; pulse 96; a burning sensation in the right side; there was dulness and absence of respiration over both lungs inferiorly, and a *gurgling;* percussion, normal over the other portions of the chest; respiration rather puerile superiorly; and, with the exception of an increased expiratory murmur at the external margin of the right infra-clavicular region, there was no indication of disease. Application of six leeches to the right side. Take of

Blue pill, one grain;
Ipecacuanha, half a grain. Mix. Let a pill be made, to be taken three times a-day.

Take of the hydriodate of potass, two grains;
Solution of potass, six minims;
Water, one ounce. Mix. To be taken three times a-day.

As the pills disagreed, they were omitted, and a scruple of blue ointment was rubbed into the sides night and morning; the mercury affected him slightly; he breathed easier, and could lie on either side; altogether he felt considerably better. Circumstances of an urgent and peculiar nature connected with his employment rendered a speedy convalescence desirable. In opposition to our directions, he was dressed, and removed to a sitting-room, and (among other things) had brandy and water to drink. Violent hectic set in, the cough and expectoration increased, and he sunk exhausted on the 18th of December. We obtained a post-mortem examination.

On opening the chest, the lungs appeared quite sound, but, on cutting into them, we found the apices of both thickly strewed with tubercles, and about half a dozen small cavities (that would contain a marble) in the centre of each; the amount of disease was, as nearly as possible, the same on both sides; and so entirely surrounded by healthy tissue, that the physical signs afforded little or no evidence of their pathological condition; recent bands of lymph passed between the pulmonary and costal pleura, where the gurgling sound was formerly detected. Although the bowels were regularly moved, we found the colon loaded; it was the existence of disease in both lungs, rather than its amount, that proved fatal.

Cases I. and II. are examples of this disease of some duration, yet exciting no suspicion of their true nature; it is easy to criticise a diagnosis—or, in fact, to make one—when the symptoms are all laid down on paper; but it is quite another affair to detect disease at the bed-side; and I feel no hesitation in saying that, had it not been for the *gurgling* sign alluded to, the diagnosis of either of these cases would have been difficult. In Dr. Hughes' paper on Pneumothorax, now publishing in the "Medical Gazette," he describes a case in which splashing was heard, although there was no evidence of an opening into the pleura, and he takes it as granted that there must have been one, although it could not be detected; but everything connected with my cases negatives the idea of a pleural opening.

I have already stated that the recumbent position was most favorable for detecting the "*gurgling*," but I believe I might have said the only one; on this, however, I must make further observation. It is certainly the best, and I only allude to it here to give a hint to those who are obliged to examine patients not confined to bed. Cases III. and IV. are interesting for the facility with which the *gurgling* enabled us to detect effusion when, from its small amount, and (Case IV.) its existence on both sides, we were deprived of the assistance of the principal ordinary signs. Were the signs in Case I. caused by the presence of purulent matter in the circulation?

In Case III. the removal of the pleuritic affection enabled us readily to detect and combat the tubercular tendency; and though it may have been detected, it could not have been subdued had the other been overlooked.

Though Case IV. terminated fatally, considerable relief was afforded by quieting the pleural affection, independent of the pleuritis. The presence of tubercle, and the absence of its physical signs, are important; a correct diagnosis was made, "but with hesitation," from the general symptoms, and, though

the post-mortem results exonerated the stethoscope, "or rather ourselves," from blame, they are enough to teach us that, to detect and treat disease correctly, we ought to make general symptoms and physical signs correct the chain of our reasoning on every individual case; and when they refuse to do so, he will act wisely who withholds a positive opinion.

SKETCH
OF THE
RELATIVE ANATOMY OF THE SPINAL COLUMN.

By W. S. Oke, M.D., Southampton.

The object of the following sketch of the relative anatomy of the spinal column is to make each vertebra an indicator of the parts in connection with, in juxtaposition to, or on a line with it; and thus to make each subservient to practical purposes in the diagnosis and treatment of disease.

The addition of the origins and insertions of muscles might not be of any material use; nevertheless they are included that the sketch may be more perfect. I have also thought fit to introduce a few remarks on subjects arising out of the parts in connection with the position of some of the vertebræ.

I do not pledge myself for the critical correctness of the relative positions; but I trust they will be found sufficiently correct for the purposes intended.

Atlas.

Foramen magnum occipitale, through which the medulla with its meninges, the arteriæ spinales, and the sinus venosi pass out; the arteriæ vertebrales, the arteriæ meningeæ posteriores, and the nervi accessorii pass in.
Lingual nerve from the anterior condyloid hole of the occipital bone.
Suboccipital nerve between this bone and the cranium.
First cervical nerve below the atlas.
Spinal accessories from the root of the first cervical nerve.
Ganglionic enlargement of the vagi.
Last turn of the vertebral artery before entering the cranium.
Transverse ligament to confine the dentoid process of the second vertebra to the anterior arch of the atlas.
Perpendicular ligament to attach the above process to the anterior edge of the foramen magnum.
Roof of the pharynx.
Superior vertebral attachment of the ligamentum nuchæ
Sole origin of the rectus capitis anticus minor from its fore part.
Sole origin of the rectus capitis lateralis from its transverse process.
Sole origin of the rectus capitis posticus minor from its back part.
Sole origin of the obliquus capitis superior from its transverse process.
Sole insertion of the obliquus capitis inferior into its transverse process.
Superior insertion of the longus colli into its body.
Superior insertion of the scalenus medius into its transverse process.
Superior origin of the levator scapulæ from its transverse process.
Superior vertebral insertion of the splenius colli.
Superior insertion of the inter spinalis and intertransversalis colli.

Remarks.—In cases where the head is drawn towards one shoulder from paralysis of the sterno-cleido-mastoideus and trapezius muscle on the opposite side, the effect is probably produced by pressure upon the course or origin of the spinal accessory nerve, which is often given off as low as the seventh cervical nerve.

It is interesting to observe the tortuous course which the vertebral artery takes before it enters the cavity of the cranium. Such an arrangement is manifestly for the purpose of preventing a too direct injection of arterial blood into the posterior parts of the brain; but for this provision a variety of causes, both moral and physical, would be constantly producing cerebral inflammation or congestion and all their fatal consequences.

In cases of sudden death from falls upon the head, should no satisfactory cause be detected within the cranium, we ought never to omit to examine the state of the transverse ligament, the complete vertical rupture of which would instantly extinguish life by allowing a dislocation of the dentoid process upon the spinal cord.

Dentatas.

Second turn of the vertebral artery before it enters the cranium.
First cervical ganglion of the sympathetic nerve lies upon the body of this bone.
Superior branch of the origin of the phrenic nerve arises from the second cervical nerve.
Sole origin of the rectus capitis posticus major from its spinous process.
Sole origin of the obliquus capitis inferior from its process.
Part insertion of the splenius into its transverse process.
Part origin of the levator scapulæ from its transverse process.
Superior insertion of the multifidus spine into its spinous process.
Superior insertion of the semispinalis colli into its spinous process.
Superior insertion of the transversalis colli into its transverse process.
Part insertion of the longus colli into its body.
Part insertion of the scalenus medius into transverse process.
Interspinalis and intertransversalis colli.

Third Cervical Vertebra.

The vertebral artery makes its first turn upwards and forwards between this bone and the dentatas.
The principal origin of the phrenic nerve is given off from the third cervical.
The bifurcation of the common carotid artery takes place at about opposite this vertebra.
Superior origin of the rectus capitis anticus major from its transverse process.
Part insertion of the longus colli into its body.
Superior origin of the splenius from its spinous process, where the splenii capitis recede.

Part insertion of the splenius colli into its transverse process.
Superior origin of the trachelo-mastoideus from its transverse process.
Part origin of the levator scapulæ from its transverse process.
Part origin of the multifidus from its transverse and spinous process.
Part insertion of the same into its spinous process.
Part insertion of the semispinalis colli into its spinous process.
Part insertion of the transversalis colli into its transverse process.
Part insertion of the scalenus medius into its transverse process.
Interspinalis and intertransversalis colli.

Fourth Cervical Vertebra.

The fourth cervical nerve gives the inferior root to form the phrenic nerve.
The superior root to form the axillary plexus.
Prolongation of the first cervical ganglion reaches as low as this vertebra.
Superior origin of the longus colli from its transverse process.
Part insertion of the same into its body.
Part origin of the rectus capitis anticus major from its transverse process.
Part origin of the splenius from its spinous process.
Part insertion of the same into its transverse process.
Superior insertion of the cervicalis descendens into its transverse process.
Superior origin of the complexus from its transverse process.
Part origin of the trachelo-mastoideus from its transverse process.
Part origin of the levator scapulæ from its transverse process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Part insertion of the semispinalis colli into its spinous process.
Part insertion of the transversalis colli into its transverse process.
Superior insertion of the scalenus anticus into its transverse process.
Part insertion of the scalenus medius into its transverse process.
Interspinalis and intertransversalis.

Remarks.—The phrenic nerve is completed by roots from the second, third, and fourth cervicals. Compression of either of these roots by dislocation, fracture, or any other cause, would endanger life, by impeding the respiratory function.

Severe neuralgic pain high up in the back of the neck sometimes (as I have known), disorders the functions of this nerve, and occasions a grasping sensation at the region of the heart. This feeling may be explained by the course of the nerve over the pericardium.

It is through the medium of the right phrenic nerve, and its connection with the third cervical, from which it takes its principal origin, that pain at the point of the shoulder is felt in disorders of the hepatic function.

Fifth Cervical Vertebra.

The pharynx terminates in the œsophagus at this vetebra.
The fifth cervical nerve contributes a root to form the brachial plexus.
Part origin of longus colli from its transverse process.
Part insertion of the same into its body.
Part origin of the rectus capitis anticus major from its transverse process.
Superior origin of the rhomboideus from its spinous process.
Part insertion of the cervicalis descendens into its transverse process.
Part origin of the splenius from its spinous process.
Inferior insertion of the same into its transverse process.
Part origin of the complexus from its transverse process.
Part origin of the trachelo-mastoideus from its transverse process.
Inferior origin of the levator scapulæ from its transverse process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Part insertion of the semispinalis colli into its spinous process.
Part insertion of the transversalis colli into its transverse process.
Part insertion of the scalenus anticus into its transverse process.
Part insertion of the scalenus medius into the same process.
Superior insertion of the scalenus posticus into the same process.
Intertransversalis and interspinalis colli.

Sixth Cervical Vertebra.

The vertebral arteries first enter the perforations of the transverse processes at this vertebra.
The sixth cervical nerve gives a root to the formation of the brachial plexus.
The second cervical ganglion lies on the inferior part of this bone.
The thoracic duct ascends as high as this vertebra.
Part origin of longus colli from its transverse process.
Part insertion of the same into its body.
Inferior origin of the rectus capitis anticus major from its transverse process.
Superior *vertebral* origin of the trapezius from its spinous process.
Part origin of the rhomboideus from its spinous process.
Part origin of the splenius from same process.
Part origin of the complexus from its transverse process.
Part origin of the trachelo-mastoideus from its transverse process.
Inferior insertion of the cervicalis descendens into the same process.
Superior insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Inferior insertion of the semispinalis colli into its spinous process.

Inferior insertion of the transversalis colli into its transverse process.
Inferior insertion of the scalenus anticus into its transverse process.
Part insertion of the scalenus medius into the same process.
Inferior insertion of the scalenus posticus into the same process.
Interspinalis and intertransversalis colli.

Remarks.—The fifth and sixth cervical vertebræ have the greatest number of muscular attachments of all the bones of the spine, each having forty.

Seventh Cervical Vertebra.

This bone is usually more prominent than the rest at this point of the column, and, therefore, called the *vertebra prominens.*
The arteria cervicalis profunda passes towards the back part of the neck, between the transverse process of the last vertebra of the neck and first of the back.
Third cervical ganglion lies on the body of this bone.
The seventh cervical gives a root to the formation of the brachial plexus.
The thoracic duct enters the angle formed by the left internal jugular and subclavian veins.
By a deep inspiration, the apices of the superior lobes of the lungs rise as high as this vertebra.
Inferior insertion of the longus colli into its body.
Part origin of the same from its transverse process.
Part origin of the trapezius from its spinous process.
Part origin of the rhomboideus from its spinous process.
Part origin of the splenius from its spinous process.
Part origin of the complexus from its transverse process.
Part origin of the trachelo-mastoideus from its transverse process.
Part insertion of the semispinalis dorsi into the spinous process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Inferior insertion of the scalenus medius into its transverse process.
Interspinalis and intertransversalis colli.

Remarks.—Owing, in great measure, to the above-named distribution of the cervicalis profunda, this part of the neck is very vascular, and explains the fact why cupping-glasses are so successfully applied over it.

The state of the upper and back part of the superior lobes of the lungs may be auscultated as high as the seventh cervical vertebra.

First Dorsal Vertebra.

The first dorsal nerve gives the inferior root to form the brachial plexus.
First dorsal ganglion lies on this bone.
The right recurrent branch is given off from the vagus opposite this bone; it passes posteriorly around the subclavian artery in its way to the larynx.
The subclavian arteries lie nearly on a level with this vertebra.
Vena cava superior begins to form here.
First rib is articulated to this vertebra, marking the superior boundary of the thorax.
Superior and posterior angle of the scapula points to this bone.
Part origin of the longus colli from its body.
Part origin of the trapezius from its spinous process.
Part origin of the rhomboideus from the same process.
Part origin of the splenius from the same process.
Part origin of the complexus from its transverse process.
And sole origin of a slip of the same from its spinous process.
Part origin of the trachelo-mastoideus from its transverse process.
Superior insertion of the longissimus dorsi into the same process.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Superior origin of the semispinalis colli from its transverse process.
Superior origin of the transversalis colli from the same process.
Interspinalis and intertransversalis.

Remarks.—The axillary plexus, being usually formed by roots from the fourth, fifth, sixth, seventh cervical, and first dorsal, nerves, we should apply our local remedies for morbid affections of the brachial nerves over the corresponding vertebræ.

Second Dorsal Vertebra.

The arch of the aorta reaches as high as this vertebra.
Left recurrent branch passes posteriorly around the arch.
This vertebra points to the superior humero-intercostal nerve, given off from the second dorsal.
Termination of the vena azygos in the cava.
Part origin of the longus colli from its body.
Part origin of the trapezius from its spinous process.
Part origin of the rhomboideus from the same process.
Part origin of the splenius from the same process.
Part insertion of the longissimus dorsi into its transverse process.
Superior insertion of the spinalis dorsi into its spinous process.
Part origin of the complexus from its transverse process.
Part origin of the trachelo-mastoideus from its transverse process.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse process.
Part insertion of the same into its spinous process.
Part origin of the semispinalis colli from its transverse process.
Part origin of the transversalis colli from the same process.
Interspinalis and intertransversalis.

Remarks.—Dilatations of the arch of the aorta may be auscultated at this point, as well as at the upper part of the sternum.

It is probably through the medium of the recurrent nerves that disordered actions are transmitted from the laryngeal to the gastric function, and *vice versâ.* Thus, in hooping-cough the convulsive actions of the laryngeal muscles are frequently associated with, or

followed by, vehement contractions of the stomach, as evinced by forcible expulsion of flatulence, or vomiting. On the other hand, gastric irritation, from crude ingesta or any other cause, frequently occasion paroxysms of apyrexial asthma, laryngismus stridulus, &c. Apyrexial aphonia may be the result of an atonic state of the vagus and its recurrents.

Third Dorsal Vertebra.

Posterior mediastinum commences at about this point.
The second humero-intercostal is given off from the third dorsal.
Bifurcation of the trachea.
The arch of the aorta begins to descend, and is completed at the lower border of this vertebra.
First aortic intercostal artery ramifies along the inferior margin of the third rib.
Primary branches of the pulmonary artery enter the lungs about on a line with the vertebra.
The spine of the scapula points to the third dorsal spine.
Inferior origin of the longus colli from its body.
Part origin of the trapezius from its spinous process.
Part origin of the rhomboideus from the same.
Part origin of the splenius from the same.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Part origin of the complexus from its transverse process.
Inferior origin of the trachelo-mastoideus from the same.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse; and
Part insertion of the same into its spinous process.
Part origin of the semispinalis colli from its transverse process.
Part origin of the transversalis colli from the same.
Interspinalis and intertransversalis.

Remarks.—The pain felt down the arms, in some diseases of the heart, is referable to the humero-intercostal nerves, in their connection with the ganglionic and small internal cutaneous nerves. Auscultation at this point will ascertain the state of the mucous membrane of the trachea at its bifurcation.

Fourth Dorsal Vertebra.

Extreme rise of the diaphragm on the right side.
The right bronchus enters the lung on a level with this vertebra.
Spring of the aorta on a level with the upper part of this bone.
First intercostal artery from the aorta on the right side runs across the body of this bone.
Part origin of the trapezius from its spinous process.
Part origin of the rhomboideus from the same.
Inferior origin of the splenius from the same.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Part origin of the complexus from its transverse process.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Part origin of the semispinalis colli from its transverse process.
Part origin of the transversalis colli from the same.
Interspinalis and intertransversalis.

Remarks.—To auscultate the state of the commencement of the right bronchus, the stethoscope must be planted to the right of this vertebra, or a little below a line continued from the spine of the right scapula.

Fifth Dorsal Vertebra.

The inferior margin of the superior lobe of the right lung reaches as low as the level of this vertebra, or of the fifth rib, which also points to about the centre of the third lobe.
Maximum height of the superior convex surface of the liver.
The fifth thoracic ganglia give the superior branches to the great splanchnic nerve at the lower border of this vertebra.
Part origin of the trapezius from its spinous process.
Inferior origin of the rhomboideus from the same process.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Part origin of the complexus from its transverse process.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Part origin of the semispinalis colli from its transverse process.
Inferior origin of the transversalis colli from its transverse process.
Interspinalis and intertransversalis.

Remarks.—It may be sometimes difficult to form a correct diagnosis between the incipient symptoms of costal pleuritis and hepatic peritonitis, when the pain is felt below the fifth rib on the right side of the thorax. In both cases the invasion, the dyspnœa, the character of the pain, are similar; but the following observations might tend to help the diagnosis:—

In the former, thoracic symptoms will predominate; in the latter, abdominal. If there be early cough, if a *moderate* inspiration be suddenly checked by an exquisite lancing stitch, causing an absolute dread of coughing, and if there be œgophony, the case is, probably, inflammation of the pleura costalis.

But if a *cautious* inspiration do not occasion severe lancing pain—if the act of coughing moderately do not cause acute suffering—if there be pain shooting upwards in the course of the right phrenic nerve and its connections—if there be frequent vomiting of acid or bilious secretions, and, above all, if pain be increased by pressing up the large lobe of the liver from beneath the margin of the rib—the case is inflammation of the peritoneal covering of the large lobe of the liver.

[*To be continued.*]

PROVINCIAL MEDICAL JOURNAL

SATURDAY, FEBRUARY 10, 1844.

We have just received a copy of the Registrar General's Fifth Report* of Births, Deaths, and Marriages in England, in the year 1841, and hasten to lay before our readers a few of the principal points of interest which it contains. We may, perhaps, take an early opportunity of resuming our commentary.

First of all, let us present the chief numerical results of the marriage-registers.

"The marriages," we learn "in 1841 were 1 in 130, the births 1 in 31, the deaths 1 in 46 of the population;" the average of the two preceding years having been, of marriages 1 in 127, births 1 in 31, deaths 1 in 45.

"The marriages have diminished slightly in number every year; from 123,166 in 1839 to 122,496 in 1841; and from 1 in 126 in 1839 to 1 in 128 in 1840, and 1 in 130 in 1841." But this falling off has not been in equal degrees all over the kingdom.

It has occurred chiefly in those districts in which the number of marriages is above the average of the kingdom, namely, in the Metropolis, in Cheshire and Lancashire, Yorkshire, and the Western Division; whilst the proportion is stationary, or has increased in the Southern and Eastern Divisions. The proportion has declined in Wales. It has decreased in Buckinghamshire, Northamptonshire, and the West Riding of Yorkshire. It has increased on the other hand in Sussex, Hampshire, Wilts, Dorset, and Somersetshire. The fluctuation in many cases, says the Registrar, "coincides with the depression or prosperity of industry or trade, and indicates with considerable accuracy the view which the people took of their own circumstances, and the greater or less immediate facility for providing for the support of families."

Connected with the last mentioned point is the relation of the different seasons to the number of marriages. The greatest number occur in autumn, and the smallest in winter. The four seasons (taking the average from 1839—41) stand in the following order:—in the *winter*, including January, February, March, 25,174; in the *summer*, July, August, September, 29,502; in the *spring*, April, May, June, 31,559; in *autumn*, October, November, December, 36,542. Thus the marriages in winter are to those in spring very nearly as the marriages in summer to those in autumn. And again, the marriages in winter are to those in summer as the marriages in spring to those in autumn. Thus the marriages in the four seasons are the terms of a proportion; and the numbers for any three seasons being given, those for the fourth can be found, within a few hundreds, by the common rule of three.

This diversity is ascribed, partly to the influence of Christmas and Lent, partly to the circumstance that "the December quarter follows the season of the agricultural laborers' greatest earnings, when wages are highest and the stores of winter are laid up; whilst at the close of winter labor is scarce, wages fall, and the accumulations of autumn are nearly exhausted."

In the metropolis the greatest number of marriages occur in the summer quarter, at the end of the London season; in Lincolnshire, Devonshire, and other counties, in the spring, owing to the peculiar customs connected with service, or some other local customs. But in general it will coincide with the period of greatest physical prosperity.

In order to distinguish the number of persons who marry from the mere number of marriages, the Registrar-General caused an abstract to be made of the number of widows and widowers re-married in the last half-year of 1841. It appears from this that 9 per cent. of the women married were widows, and 13 per cent. of the men widowers. The proportion of re-marriages is, as might be expected, highest in the metropolis, and in the other divisions where the mortality is the highest.

The number of minors who married is rather below the average of preceding years, being 4·38 per cent. of the men, and 13·29 per cent. of the women. The proportion per cent. varies exceedingly in different districts. In Bedfordshire 24·27 per cent. of the women are minors; Hertfordshire, Cambridgeshire, Essex, the West Riding of Yorkshire, and Northampton, give the proportion 23, 22, 21, and 20 per cent.; in the Metropolis it is 6·85; in Cumberland and Westmorland, 10 and 9; in Wales and Devonshire, 8 and 7.

The Registrar regrets that he cannot perceive any improvement in the education of the people, as shown by the ability to write. In 1841, 33 per cent. of the men, and 49 per cent. of the women, could not write their names, and signed the registers with marks.

The counties that are most remarkable for this bad pre-eminence are not merely Monmouthshire, where 51 men and 64 women per cent. *mark* the register; or Wales, where the numbers stand at 48 men and 71 women for North Wales, and 46 men and 70 women for South Wales; but Suffolk, Essex, Bedfordshire, and Hertfordshire, near the Metropolis. In Hertfordshire the proportion is 50 men and 56 women.

It appears to be in the Northern Division of the kingdom that education is most widely diffused; in Cumberland the men who *mark* per cent. are only 16, the women 36. In the metropolis, however, the

* Fifth Annual Report of the Registrar General of Births, Deaths, and Marriages in England, presented to both Houses of Parliament by command of her Majesty. London, 1843.

numbers are only 11·4 men and 23·7 women per cent.

From the marriages we pass to the births, of which, in 1841, 512,158 were registered; in 1840, 502,303; in 1839, 492,574. *Three births* were registered to every *two deaths*. "The excess of births over deaths in the three years (1839, 40, 41) was 474,575, or 158,192 annually—a number which falls far short of the ascertained annual increase of the population in the ten years 1831—41.

The greatest increase of births was in the Northern Division and in the Metropolis; the proportion of births registered in the North Western Division was less in 1841 than in 1839. The greatest number of births is registered in the winter quarter; the smallest in the summer.

We regret to find the number of illegitimate births stated so highly. It appears that, "out of 248,554 children registered, 15,839 were illegitimate, so that 1 in 16 of the children born in England is not born in wedlock." These numbers are not exaggerated, for, when any doubt arose, the child was set down as legitimate. It must be observed that it is never distinctly stated in the register whether children are or are not born in wedlock; but there are always certain circumstances on the face of the register, such as the omission of father's name, which enable the fact to be ascertained with tolerable certainty. Again, as it is not probable that any children would appear to be entered as illegitimate who are not really so, the Registrar "can discover no grounds for supposing that less than 64 in 1,000 English children are illegitimate. The proportion in France is 71 in a thousand."

One of the most curious speculations connected with the proportions of the two sexes is that which supposes a greater number of boys among the legitimate children, and of girls amongst the illegitimate. "In France, for instance, the boys are to the girls born as 106·4 to 100, but among illegitimate children the proportion is 104·4 to 100. The present return gives a result exactly the reverse; of the legitimate births, the boys are to the girls as 105·4 to 100; of illegitimate births, the boys are 108 to 100." "It is, I believe," continues the Registrar, "assumed in the French returns that foundling children are illegitimate. If it be so, as is stated by those acquainted with the matter, that many of the children sent to the foundling hospitals in France are the offspring of married people, who probably abandon a greater number of girls than boys, it will follow, first, that the proportion of children born out of wedlock is nearly the same in England as in France; and, secondly, that the inference from the returns of continental states having foundling hospitals as to the relative preponderance of females amongst natural children is fallacious."

We must now pass to that most important division of the Registrar's labors, which treats of the deaths These in 1840 were 359,643; in 1841, 343,847; shewing a decrease of 15,796.

The influence of cold in augmenting the mortality is very strikingly shown by a comparison of the deaths in the four seasons. Making a correction for the different number of days contained in the four quarters—for the summer and autumn quarters are the longest—the average number of deaths in the four seasons would be for the last four years,—

Winter.	Spring.	Summer.	Autumn.
97,765	89,141	75,707	83,639

Thus reversing as far as our climate is concerned, the ancient maxims as to the salubrity of the seasons;—"saluberrimum ver est; proxime deinde ab hoc hiems; periculosior æstas; autumnus longe periculosissimus;" and illustrating the wisdom of Mr. Farr's observation*as to the errors deducible from the general application of local facts. "Hippocrates," says Mr. Farr, "wrote his immortal works in Asia Minor and Greece, under a particular climate, stage of culture, and civilisation; yet all his doctrines were taken for the guide of his successors in England, France, and Germany. The therapeutic doctrines of Sydenham, who lived in Pall-mall, and chiefly practised in Westminster, spread through Europe." But we need not add to the exhortations which we have repeatedly bestowed on our readers, not to be guided too implicitly in their treatment of disease by the doctrines and practice of any one particular time, place, or teacher.

It will be observed that the deaths in the various quarters, like the births and marriages, bear a certain definite proportion to each other; that is to say, the deaths in winter are to the deaths in spring as the deaths in autumn to those in summer. This will be made evident by comparing the following series of numbers. First, "the relative number (corrected for inequality of time) of marriages, births, and deaths, in the seasons of the year:—

	Autumn.	Spring.	Summer.	Winter.
Marriages	36,306	31,355	29,634	25,482
	Winter.	Spring.	Autumn.	Summer.
Births	131,257	129,677	121,053	120,356
Deaths	97,765	89,141	83,639	75,707

Corresponding Numbers in Geometrical Proportion.

	Autumn.	Spring.	Summer.	Winter.
Marriages	36,306	31,355	29,570	25,537
	Winter.	Spring.	Autumn.	Summer.
Births	131,257	129,677	121,437	119,975
Deaths	97,765	89,141	83,335	75,983

We could not have presupposed that the number and measure, according to which all things were made, would have been determined so exactly in circumstances like these.

It is gratifying to find that the high rate of morta-

* Vide First Annual Report of the Registrar General.

lity which prevailed in the manufacturing districts in 1839 and 40 is on the decrease. In Cheshire and Lancashire the deaths in 1839, 40, and 41, per cent. of the population, stand as follows :—

Mortality per Cent. of Males.

	1838.	1839.	1840.	1841.
North Western Division, including Cheshire and Lancashire	2·697	2·960	3·069	2·638
Metropolis	3·219	2·721	2·755	2·625
England	2·340	2·279	2·375	2·238
South Western Division, including Wilts, Dorset, Devon, Cornwall, Somerset	2·072	1·860	2·013	1·951

Mortality per Cent. of Females.

	1838.	1839.	1840.	1841.
North Western Division	2·439	2·727	2·846	2·445
Metropolis	2·691	2·297	2·289	2·246
England	2·140	2·096	2·205	2·083
South Western Division	1·894	1·718	1·892	1·793

It is well known that marriages and births are most numerous where the mortality is highest. This is the average annual number per cent. of

	Marriages,	Births,	Deaths.
North Western Division	·852	3·614	2·728
Metropolis	·990	2·998	2·605
England	·781	3·197	2·219
South Western Division	·702	2·980	1·899

We must conclude, for this week, our hasty abstract of the interesting facts and calculations with which this report abounds, with the following quotation, in which a practical exemplification is given of the nature of a life table, compiled from the returns of the registers, compared with the amount of the population :—

"In the years 1840-1 a million children (1,014,461) were born in England, and their births were registered; if the mortality should remain the same, the Life Table will enable us to follow this million, and to determine how many will be alive, and how many will die, through the several years of the next century, until they have all "returned to the earth from which they came," and been replaced by other generations destined to pursue the same rounds of life. To bring the observation within narrower limits, let us take 100,000 as the basis of the observation; and, from the proportions of the two sexes registered, it will be found that 51,274 of them were boys, 48,726 girls. And here it will be recollected that they are not government annuitants—nor persons who have assured their lives—nor selected lives—nor the inhabitants of any particular town, but the children of all ranks and classes of Englishmen; some of them born in halls and palaces, and surrounded by all the luxuries and conveniences of life; others born in huts, on the mountain side, in the cellars of ill-constructed cities, in lodging-houses, in cottages, farm-houses, or such dwellings as our towns afford. Let it be assumed (and I shall shortly show what reliance can be placed on the latter part of the hypothesis) that the 100,000 were all born on the same day—the 1st of January, 1841—and that the survivors, counted on the first day of 1842, 1843, and of every year for the next 100 years, will exist in the numbers against the respective ages of the English Life Table.

"Of the 100,000 children born, according to the supposition on January 1st, 1841, only 85,369 were alive on January 1st, 1842. They were exactly a year old. 14,631 perished in the first year, the fourth part of them in the first month of life. This is a smaller proportion of deaths than people have been led to suppose occur in the first year; but the facts leave it undoubted that this number of children survived in 1841 out of 100,000 born. On January 1, 1843, the survivors were two years old, and in number 80,102; 5,267 died in the second year. On January 1, 1846, the 5th year of age will be attained, and there will be 74,201 living. In the first five years, therefore, 25,799 of the 100,000 children born, die; during this period, when they are at home and under the care of the mother, and encounter the contagious diseases which beset the beginning of life, their safety depends very much upon the power of the parents to supply them with food and raiment —upon the mother's watchfulness and cleanliness— upon the air they are doomed to respire in imprisoned courts and alleys—or in the fresh open atmosphere of healthy country districts. During the next 5 years, when they leave home more, and when, as it appears from the Parliamentary returns, great numbers pass part of the day at school, the mortality becomes less considerable; 70,612 are alive at the age of 10; and from 10 to 15, when those "who labor with their hands" begin to follow the plough, enter the factory, or descend the mine, the loss of life remains small; 68,627 will live to the age of 15. At this age the loss of life among girls is greater than the loss of life among boys, and it continues so for the next five years, when both sexes are more detached from the care of their parents, and the majority pursue the professions or trades by which they afterwards gain a livelihood.

"The mortality appears to increase rather rapidly from 12 to 15, and then at a slow regular rate from 15 to 55 years; 66,059 attain the age of 20. It was observed that 51,274 boys were born alive to 48,726 girls; but the mortality in infancy is greater among boys than girls; so that 31,958 males attain the age of 25, and 31,623 females attain the age of 24. This is about the average age of marriage in England, and the number of the two sexes is then nearly equal. About four-fifths of the males who attain the age of manhood marry, the proportion of women who marry being the same. It might have been supposed that the peculiar danger which women encounter at this age enhances their mortality; it does so, but less than the mortality of males is increased; 50,301 of the 100,000 persons born attain the age of 45, namely, 25,311 men, and 24,990 women. The chance of living from 25 to 45 is rather in favor of English women. The violent deaths of men on rivers and the sea coast, in mines, in the streets, in travelling, in their dangerous occupations, the mental agitations and anxieties, terminating unhappily sometimes in suicide, the accumulation of workmen in ill-ventilated shops, or the hard exhausting work of the agricultural laborer, independently of war and service in unhealthy climates,

counterbalance the dangers and sorrows of child-bearing. At the age of 55 this generation will have given birth to, and brought up, the generation by which it is to be succeeded; a more rapid rate of mortality will then set in, and more than a thousand die every year; yet 37,996 will be alive at the age of 60, and 24,531 attain the age of 70—11,823 men, and 12,708 women—the mortality of women being less than that of men after 55. The mental faculties, ripened and developed by experence, will not protect the frame from the accelerated and insidious progress of decay; the toil of the laborer, the wear and tear of the artizan, the exhausting passions, the struggles and strains of intellect, and, more than all these, the natural falling off of vitality, will reduce the numbers to 9,398 by the age of 80.

"Here we may pause for a moment. It would formerly have been considered a rash prediction in a matter so uncertain as human life to pretend to assert that 9,000 of the children born in 1841 would be alive in 1921; such an announcement would have been received with as much incredulity as Halley's prediction of the return of a comet, after the lapse of 77 years. What knew Halley of the vast realms of æther in which that comet disappeared? Upon what grounds did he dare to expect its reappearance from the distant regions of the heavens? Halley believed in the constancy of the laws of nature; hence he ventured, from an observation of parts of the comet's course, to calculate the time in which the whole would be described; and it will shortly be proved that the experience of a century has verified quite as remarkable predictions of the duration of human generations; so that, although we little know the labors, the privations, the happiness or misery, the calms or tempests, which are prepared for the next generation of Englishmen, we entertain little doubt that about 9,000 of 100,000 of them will be found alive at the distant census in 1921. After the age of 80 the observations grow uncertain; but, if we admit their accuracy, 1,140 will attain the age of 90; 16 will be centenarians; and, of the 100,000, one man and one woman—like the lingering barks of an innumerable convoy—will reach their distant haven in 105 years, and die in 1945;

> Crebrescunt optatæ aurœ, portusque patescit
> Jam propior—

"Without entering into the mathematical details of the question, the nature of the calculation will be readily comprehended. It may have been ascertained that of 100,000 children born in January, 1841, 80,102 were alive in January, 1843; but we could not, of course, if we were so disposed, know by *direct means* how many will live through the year and see 1844; it was, however, ascertained at the census that there were 437,276 children living in 1841 of the age of 2, and under 3, years; the deaths of 15,027 children of the same age were registered. Hence, as 15,027 died to 437,276 living, it is a mere matter of arithmetic to determine how many die and how many survive a year out of 80,102 children exactly two years old. According to the table, 2,710 die out of 80,102, and 77,392 attain the third birth-day, and will be alive on January 1, 1844. The mortality at certain intervals of age can always be determined from a comparison of the numbers living with the deaths; and from the ascertained mortality the annual survivors can be calculated. Thus, in 1841, it was found that 6,633 men died at the age 20-25 out of 724,013 living; the mean age of those persons may be taken to be 22½ years; we know the mortality, therefore, at that age, and can tell how many of a given number, say 32,792, aged 22, will live a year—how many of the 100,000 alive on January 1, 1863, will be alive on January 1, 1864."

REVIEWS.

Prize Essay on the Nature and Objects of Medical Science, and the Principles upon which its Study and Practice ought to be founded. By Philip Henry Williams, M.D., Edin., &c. London: Churchill, 1844.

The essay before us was written by the author as his thesis before graduating at Edinburgh. It exhibits a thorough knowledge of the first principles of professional knowledge. We make room for an extract containing an ingenious hypothesis of the cause of the periodicity in intermittent fevers.

"The writer is not aware whether the suggestion that the *gradual* decomposition of the morbific agent, in intermittents, may account for the intermissions, has or has not been made by any one already; nor does he know whether the following supposition has been made:—viz., that the efficacy of bark, quinine, &c., may be due to their acting as antiseptics upon the poison, and thus preventing its further decomposition. He is quite aware that ague is generally attributed to the influence of vegetable decomposition, but has not met with any attempt to reconcile the intermissions with that fact. * * * Let us suppose it granted that, in marshy districts, much vegetable decomposition is effected—to such a degree that the air becomes impregnated with vegetable matters in this state. Let us suppose a person exposed to this air, and that a portion of this matter is inhaled and taken into the blood; * * * the precise period at which the effects appear will depend upon the stage of decomposition in which the matter is, and also upon the susceptibility of the person exposed to its contact. We suppose, moreover, that the very first decided impression made upon the nervous system will have a tendency to *aid* the further decomposition, because its sedative action will diminish the vital powers of the system by which any process of decomposition would be arrested; and thus a quantity of the vegetable matter may become so far decomposed as to produce such an impression upon the nervous system as would soon cause the reduction of the heart's power. * * * * * Thus we have the commencement of the *cold* stage; and not until the heart has become re-excited by the over stimulus of blood, to which, as already shown, it is subjected, can any effort be made to resist the further influence of the poison. Now, when this resistance has been kept up for a little time, it certainly seems reasonable to suppose that the decomposing process of the vegetable matter would be arrested, and a portion of it be eliminated in the hot and sweating stages. But we have still a quantity of it remaining in the system, and, as has been said

having its decomposing power decidedly arrested. Now, may we not also suppose most reasonably that, when the over excitement of the heart becomes again diminished, as is natural after an unusual effort sustained for a length of time, the decomposition of the remaining vegetable matter can again proceed, and again gradually produce a sedative effect precisely similar to that produced at *first;* and the period for the next fit to occur would depend upon the rapidity with which the decomposition proceeded. We have then only to imagine a similar alternation of arrest and progress of decomposition to account for as many returns of the attack as the quantity of poison in the system may be adequate to produce. * * *

"The writer does not know of any poison of which our senses are cognizant that is attended by regular *intermitting* effects when introduced into the stomach; but the theory which he has ventured to submit in the preceding remarks may be illustrated by supposing that a number of doses of strychnia could be so arranged in a slowly soluble substance, as that one dose at a time only would become exposed to contact with the stomach, and that, before another of the doses could be exposed, another given thickness of the hardly soluble envelope had to be removed by the gastric juice. This, if it were possible to make the experiment in doses just enough to cause a visible impression, would probably be found to be parallel to the intermissions effected by gradual decomposition."

That there are weighty objections to these hypotheses must be evident; but we have given them a place in our pages, as there is no harm in setting people to think.

ON CERTAIN STRANGE METAMORPHOSES IN MEDICAL TITLES.

BY A LINCOLNSHIRE VICAR.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—When I tell you that I have lived a clergyman for the last thirty years in a very retired village of Lincolnshire, and that the extent of my wanderings during that period has been an annual visit to one of the quiet sea-bathing places of our not very interesting coast, and a weekly visit to our market town, about six miles off, I need not further add, that I am what I believe is rather contemptuously styled one of the old school. I have made few advances with the rapid progress of this present intellectual age. You will not be surprised, then, when I emerge from my quiet retreat, that I meet with many things which cause me no little astonishment, and sometimes no little mirth. In the quiet market town, for instance, which I mentioned to you, when my honest barber, in the course of nature, took his departure, he was succeeded by a peruquier; and the stay-maker opposite, when she left business, had her place supplied by a Parisian corset-maker. What sort of a thing a Parisian corset was, very few, indeed, of the market folks would have understood, only, fortunately for them, the identical stays of the retired stay-maker still kept their place in the window. My saddler has advertised in his windows, in large letters, "Antigropelos," and the aforesaid hair-dresser, in equally glowing terms, praises his "Rypophagon." Horrid barbarisms we should have considered these in my early days, when defenders of the legs from dirt and mud were called spatterdashes, and soap was called soap. My druggist, too, the other day sent me a prescription, which I requested him to copy for me, headed "Apographa." It used to be simply "Copy;" but I suppose it was a little innocent vanity, to show me that he was not behind the "age," and that

"He could like Sidrophel speak Greek,
As naturally as pigs squeak."

But I am taking up your valuable time, and wandering altogether from what I intended at starting to have been the farrago of my epistle. It is altogether for the sake of information that I take up my pen to address you, for I have been dreadfully puzzled of late; and it is the vagaries of your profession that have so puzzled me, and, therefore, I venture to apply to you for a solution of my difficulties.

You must know, then, some three years ago there was one elderly, respectable physician in the aforesaid market town. Rumour said that there was not nearly enough professional business to occupy his time or to fill his purse, and I suspect Rumour was right; for, in addition to his profession, he farmed some land, and, by his skill in that department, was supposed to make a far better return than by the other more learned occupation. Be that as it may, there was only one physician, and he certainly had not *too much* to do, that was quite evident. Finding himself getting old, I suppose, about two years ago we of the old school were all not a little surprised to hear that the doctor had taken a partner. A physician to take a partner appeared quite an anomaly to us; but we concluded it was according to the views of the age, and so the wonder gradually died away. But, Gentlemen, I should as soon have thought of Sir Edward Sugden, or the Solicitor-General, or any other very eminent lawyer, taking some youth into partnership, as a physician doing so. Fancy the face of the client who had paid a heavy fee to the great man, finding, on his trial, the inexperienced youngster jumping up to defend his cause, and being told it was all the same concern. I think, too, the face of the patient would look equally glum under similar medical circumstances. This, then, Gentlemen, was phenomenon the first of our medical horizon. For six months after this all went on quietly, the old physician introducing the young one wherever he went, and pushing him well forward. At the end of this period, after a short absence from home, I went one day on my usual visit to the market; I put my horse up, and walked down quietly into the town. I had not proceeded far when my attention was arrested, and my feet almost chained to the spot, by seeing a great brass plate, of unusual dimensions (as it seemed to me), with *Dr. Dash* in large letters upon it. When I left home there was a much less pretending affair on the door, with *Mr. Dash* upon it. This struck me as being extremely strange, but I could get no information about it, as it was a wet, drizzling day, and none of my friends could I find; so home I trudged again, sorely puzzled, taking care to walk back on the same side of the road, to

have another look at the large brass plate of *Dr. Dash*. Next week I went to the market again, and was no less petrified with wonder than I had been on the previous occasion. I had scarcely got opposite to where the large brass plate of *Dr. Dash* shone in all its glory, when I came to my own medical friend's house (a most excellent and clever man, a constant reader of your valuable Journal, and highly respected by everybody). You will believe me when I say that I opened my eyes to their full stretch, and almost beyond it, to find, by the brass plate on his door, that he, too, was also metamorphosed into a Doctor. The announcement on the door was much milder; it merely stated "*A. Blank, M.D.*"

Now, Gentlemen, I want to understand this. Here we have on a sudden four physicians sprung up where one has hitherto been thought ample, if not more than sufficient. Is that highly respectable class of men styled apothecaries, surgeons, accoucheurs, &c., going out of fashion?—and are doctors getting up?—or is it such an easy matter for an apothecary or surgeon to be turned into a physician? If such be the case, what is the use of consulting a physician? What is the difference between the two, and wherein does the superiority of the one over the other consist? Is their education required to be of a different nature, or are the examinations of the M.D. so much more varied and difficult, that he is entitled from thence to take precedence? Or supposing, as it frequently does happen I know in large families, that two of the sons are brought up to the medical profession, one as a physician the other as a general practitioner,—is the brightest of the two youths invariably chosen for the physician? I do not make these remarks, or ask these questions, as wishing to say one word in disparagement of that eminent body of men the M.D.'s of this country. But I think it must be conceded, that since, in the country at least, nine-tenths of the practice is in the hands of the general practitioner, and that embracing the higher as well as the middle and lower classes of society, it therefore is essential that a due rank should be awarded to him, not a whit inferior, so long as he is an educated gentleman, to that of the physician himself. Of course there will always be different grades in the profession, caused by the difference in education and the manners and gentlemanly habits of the practitioners themselves; but this will exist in both divisions alike, and the public will generally come to a right conclusion as to which of them are worthy of their confidence and respect. Now seeing as I do in my own market town, two or three of the general practitioners to be men of every whit as good education, quite as well informed, quite as gentlemanly in their habits, and quite as much respected in every way as the physician,—I am at a loss to discover why, after having lived many years as a general practitioner, they should wish to be turned into M.D. It appears like casting a slur on the rest of their brethren, and, in my humble opinion, does not at all add to their real dignity, and certainly not to their intrinsic worth. They should have had more respect for their order. Now as I never could understand this, pray clear up the matter; there are many non-professional men who read your valuable columns who would, with myself, be glad of the information. I am quite sure of one thing—it cannot be a very difficult matter to be made a physician; for the first gentleman whom I mentioned to you, with the huge brass plate, is never accused by us with having too much brains, either medical or otherwise. And it is currently reported—though I dare not, for the credit of your profession, believe it to be so—that this gentleman went to some watering-place, while he was supposed to be undergoing an examination at Glasgow or Edinburgh, and having sent over £30 or £40, or whatever the price may be, to some German university, received back, without any trouble on his part, a diploma for value received. Is this possible?

Apologising for sending you such a long, rambling letter,

I am, Gentlemen,
Your obedient servant,
A Lincolnshire Vicar.

Feb. 7, 1844.

HINTS TOWARDS THE FORMATION OF NEW CHARITABLE INSTITUTIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have often doubted whether what is vulgarly called the *division of labor* is so usefully applied to medical practice as some people would have us believe. You said in your last Number that, "*as a man ought to know all branches of his profession in order to practise one well, so there is no difficulty in practising them all well.*" And I believe, Gentlemen, that you are nearly right. For my part, I see no greater difficulty in a good surgeon being a good accoucheur also, than I do in his playing well on the flute. There is nothing in the art of a dentist, as far as it relates to stopping, scaling, and pulling out teeth, that may not be as easily learned by the general practitioner as the art of counting all the trumps at whist; the stethoscope is surely as easily acquired as a knowledge of horseflesh. In fact, Gentlemen, I am convinced that the community is far more widely benefited by the diffusion of even a moderate skill amongst the mass, than by the concentration of it in a high degree in the heads of two or three individuals only. It would be very inconvenient in this part of the country, if a separate doctor were to be called in for the eye and stomach, one to pull out a tooth, and another to syringe the ears; and I am sure a man with ordinary pains may do them all decently.

The point I am driving at, Gentlemen, is, the setting up fresh dispensaries and infirmaries every day for particular kinds of diseases. I would ask whether it is good for the profession?—is it good for the pupils?—is it good for the poor?

I think I have observed that when individuals have become famous in any particular department, it has been from an inward impulse which incited them to the investigation, and was sure to find materials to work upon; and not because they were surgeon or physician to some special institution. Of late years we have had a host of infirmaries set up for every disease under the sun. I have noticed in the journals of the day mention made of hospitals for the eye, the

ear, the skin, the chest and consumption, the rectum, the urethra and stricture, for scrofula and cancer (when these painful maladies are extirpated without the knife!), for women, for children, for diseases of the womb, for deformed spine, for club-foot, for syphilis, for fever, for small-pox, for lunatics; and now we hear of a new one for calculus, diabetes, and diseases of the urinary system, and I suppose, if matters go on as they have done, we shall have a distinct institution for every name in the whole range of nosology.

When I was a student I used to find it an advantage to see a sprinkling of most diseases in the wards of the hospital I attended; and the physicians and surgeons did not appear perplexed by the variety that came under their notice. Banish certain kinds of disease to separate hospitals, and I fear they will be neglected in the general hospitals; and it is quite impossible that young men can attend them all. My nephew was a pupil at St. George's, and he never saw a venereal case there.

There always seems to be a kind of suspicion about these new schemes that they are got up for the benefit of the medical gentlemen whose names are attached thereto, quite as much as for the poor patients. Not that I blame them; quite the reverse; and for the furtherance of the good cause, I beg to submit to your readers a blank form of prospectus, which any one of them who wants this kind of stimulus to his practice may fill up according to his taste; then by dint of hard begging he may soon set an institution on foot.

"BLANK PROSPECTUS OF THE INSTITUTION FOR DISEASES OF THE ———.

"Amongst the diseases that afflict humanity, there are few that are more frequent, or attended with more distressing consequences, than ——.

"It is, therefore, surprising that, considering the number of charitable institutions with which this country is adorned, none has yet been established for the treatment of patients affected with ——.

"It has been amply proved by recent statistical investigations, that the annual mortality in the metropolis from —— alone is far greater than the entire annual mortality of some districts in Cornwall or the Hebrides. There is, therefore, an urgent call for a special institution, &c. &c.

"It is very obvious that as —— is often difficult of detection, it, therefore, requires extraordinary skill for its investigation, which can only be attained by a special institution, &c. &c.

"It is a well-established fact that many cases of —— prove fatal at an advanced stage, which would not have done so had they been cured at the commencement; this will continue to be the case until an institution, &c. &c.

"It may be affirmed with truth that poor persons affected with —— are often more unable to pay for the requisite medicine and advice than the wealthy; hence it is hoped that an institution," &c. &c.

I would suggest, in conclusion, a caution to the gentlemen "who make —— their especial study," not to see it in every case that comes before them. Your friend, "Os Coccygis," tells a good story of people who see stricture of the rectum in everything. And I fear the same may be the case with liver doctors or kidney doctors, when they become attached to an "institution where, &c. &c."

I am, Gentlemen,

Your humble servant,

ONE OF THE OLD SCHOOL.

Feb. 5, 1841.

OBSERVATIONS ON MR. EVANS'S RARE CASES IN MIDWIFERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Two "Rare Cases in Midwifery" are related by Mr. Evans, of Leeds, in your last Number, which appear to exhibit such a remarkable instance of mal-practice as to call for especial notice. The first case is one of hæmorrhage occurring at the early stage of labor. The report is, "I found the patient exhausted from sudden and severe hæmorrhage, the bedding and carpets were drenched; discharge being then trifling, and uterine pain moderately strong and regular; the os uteri dilated about the size of a shilling, but *rigid and ring like, undilatable by every effort.*" Now, what medical man who had ever been called upon to practise midwifery, would, in such a state of things, have given the ergot of rye? And yet, in a subsequent passage, we learn that such was the practice adopted by Mr. Evans. Again, it is remarked, that in a consultation subsequently held on the case with Mr. Staniland, and Mr. Samuel Smith, all the gentlemen agreed "that beside supporting the strength, and facilitating, by all possible means the descent of the head by dilatation of the os tincæ, interference was not justifiable." Why, it scarcely required *three* surgeons to settle this point; for what more *could* be done, seeing that the os uteri was only of the "size of a shilling, rigid, and ring like, and undilatable by every effort?" One would really imagine from this, and another passage, in which Mr. Evans remarks that he "renewed his *attacks* on the os uteri," that the obstetricians of Leeds were in the habit of attending midwifery cases sword in hand, and that the women's wombs could in reality only be taken by storm. As far as I am aware, two methods of practice presented themselves in such a case of "hæmorrhage before delivery." The first was *to turn;* but as in this case *that* was impracticable, the next was to rupture the membranes, which would have been the best means of inducing the uterus to expel its contents. Had this been done, together with elevation of the loins and hips, and free application of cold, and had the accoucheur *assisted* the dilatation of the os uteri by free anointings of lard, and the gradual expansion of his fingers within the mouth of the womb, this "rare" case might have been *scientifically* overcome without such an alarming display of *physical* force.

Subsequently we find that Mr. Staniland effected delivery by exciting uterine action "through the reflex function—*his* peculiar plan." Will Mr. Evans be good enough to say when Mr. Staniland made this "peculiar plan" *his!*

The second case is one where the "right hand, right foot, and vertex," all manage to present themselves to Mr. Evans at one and the same time. Mr.

Evans first ruptures the membranes in making an examination, occupies an hour in making out the presentation, although the os uteri was dilated and the membranes protruding; he then determines to turn; frightens the patient by introducing his hand; sends for a friend, who decides that delay was advisable. After *delaying* for four hours, *he* also threatens to turn; but Nature, tired of her two bungling assistants, obviates the necessity by terminating the labor in her own way, *after a few pains*. This is midwifery "secundum methodum Leodinensem." Every scientific practitioner knows that either the second foot should have been sought for, and then both brought down, or the foot and hand should have been kept up with the finger till the vertex had taken up its proper position, which last seems to have been the method adopted by the best of all obstetricians—Nature—in this "rare" case. If turning had really been necessary, then no delay should have taken place. In every view of the case the practice adopted was bad. Assuring you that I make these observations, not in a spirit of hostility to any of the gentlemen named, but purely as one interested in the practice of midwifery,

I am, Gentlemen,
Your obedient servant,
OBSTETRICUS.

January 31, 1844.

RETROSPECT
OF THE
MEDICAL SCIENCES.

ERGOTINE.

This name has been given by M. Bonjean de Chambéry to an extract prepared from the ergot of rye. It is prepared by digesting the ergot in distilled water, precipitating the gummy and albuminous principles by means of heat and alcohol, and then evaporating to the consistence of a soft extract, which is the ergotine in question.

This extract is soft, of a brownish-red color, homogeneous, and it has anagreeable odor of roast meat; its taste is rather piquant and bitter, slightly resembling damaged wheat. It forms with water a limpid, transparent solution, of a deep red color. Five hundred parts of the ergot furnish seventy or eighty parts of extract.

"The ergotine," says M. Bonjean, "is a real specific against hæmorrhage in general. Whoever tries," he continues, "my ergotine, will be surprised at the immediate effect produced in the most alarming menorrhagia; the most obstinate vomitings of blood yield in a very short time, and relapses are rare, especially when the physician takes the precaution of continuing its use some time after the cessation of the symptoms. In order to be convinced that the ergotine is the obstetrical principle, it is sufficient to treat the powder of the ergot with æther, until all the matter soluble in that liquid is taken up. All the poison is thus taken away, that is to say, all the oil of ergot and the resin. There remains a powder, which is not unctuous, but rough, like sand, without taste, without any poisonous action, and which powerfully excites uterine contraction in the dose of four or five centigrammes, in all cases of inertness of the womb, where the employment of ergot of rye is judged suitable."

The following formulæ have been proposed by M. Bonjean:—

Ergotine, one gramme;
Common water, one hundred grammes;
Syrup of orange flowers, thirty grammes.

Let a mixture be made, to be taken by spoonfuls during the day for hæmorrhage, and every quarter of an hour in cases of want of uterine action, until the accouchement is ended. This dose is, in most cases, sufficient for an ordinary hæmorrhage; but when those alarming floodings come on which sometimes happen after the accouchement, the mixture ought to contain from five to ten grammes of ergotine, and to be administered by spoonfuls, at short intervals, until all danger has disappeared.

We cannot help agreeing with M. Bouchardat that the name of ergotine, which M. Bonjean has adopted, is inapplicable to a complex and ill-defined product, and that the separation of the poisonous from the medicinal principles, which M. Bonjean assumes, admits of no rigorous demonstration. There is no difference between a poison and a medicine, except in its doses, and in the propriety of its administration.—*Bouchardat's Annuaire de Therapeutique*, &c., 1844.

WATERY EXTRACT OF ERGOT IN CERTAIN CHRONIC AFFECTIONS OF THE WOMB.

M. Arnal has treated thirty-six cases of engorgement of the womb with the above-named remedy.

The patient took it in doses varying from ten to sixty centigrammes, or even one gramme, and that for months together. Now, as five centigrammes of the extract are equal to fifty of the powdered ergot, it follows that some of the patients took a quantity equal to almost eight grammes and a half of the latter in twenty-four hours, and in no case with any serious results.

For superficial ulcerations of the os uteri, M. Arnal recommends a combination of thirty centigrammes of the watery extract of ergot, and twenty of the iodide of sulphur, to make four pills, to be taken daily.

When the ergot causes spasmodic pain in the intestines, it may be combined with extract of conium.

In cases of chlorosis and leucorrhœa, he gives twenty centigrammes of iodide of iron and of extract of ergot daily, in the form of pills.—*Ibid.*

CYANIDE OF ZINC IN OPHTHALMIC CASES.

M. Carrier believes that preparations of hydrocyanic acid have great efficacy in causing cicatrisation of ulcers of the cornea and absorption of opacities. The compound which he prefers is the cyanide of zinc, made into an ointment, in the proportion of 1 to 25 of lard.—*Ibid.*

USE OF ERGOT OF RYE IN RETENTION OF URINE, AND OTHER CASES OF PARALYSIS. BY JAMES J. ROSS, M.D., CAMBUSMORE, SUTHERLANDSHIRE.

W. R., aged between seventy and seventy-four, was, on the evening of the 21st of December, 1841, suddenly seized with retention of urine. For three days he lay in a state of great agony, notwithstanding the use of enemata, warm fomentations, &c. At the end of this period the water began to dribble away

involuntarily; the contents of the bladder, as it were, ran over. Pain still continued acute in the hypogastric region, and it was not till the 30th of December that the catheter was introduced, when an immense quantity of urine came away.

On the 2nd of January, 1842, I first saw him; he was then reduced, weak, and low-spirited; appetite almost abolished; bowels confined, with uneasiness in the region of the bladder, and complete retention of urine. There was no appreciable enlargement of the prostate, nor any obstacle to the introduction of the catheter, which was now passed three times a-day. The urine drawn off, though at times muddy and dark, was generally clear. On the 12th of January, however, it became all at once as dark as port wine, evidently from bloody admixture. This was speedily checked by fifteen grain doses of alum, with twenty drops of tinct. mur. ferri every three hours, and it soon became again clear and healthy.

The general health and strength having suffered much, he was ordered a bitter tonic infusion three times a-day. This was successful in restoring the appetite and increasing the strength, while the urine continued to present the characters of health; but not a drop came except by the catheter, which, in order to prevent any undue accumulation in the bladder, was now passed four times a-day.

About the 10th of February he was able to leave his bed and sit up a portion of every day. He now commenced to take a quarter of a grain of the ext. nucis. vomicæ. His health improved; he became stronger and stronger, till at last, by the end of February, he was pretty well in all respects, except that the retention continued as perfect as ever; not a drop of water escaped, even alongside the catheter.

Seeing at this time a paragraph in "Johnson's Review" for July, 1839, p. 221, mentioning some similar cases treated successfully by ergot of rye, I determined on giving it a trial. Accordingly, on the 2nd of March it was begun in the dose of ten grains, given in a glass of warm water every morning. It was gradually increased to fifteen, twenty, and twenty-five grains, and ultimately half a drachm was given every morning as above. On the third day after the last-mentioned dose was attained, there was great irritability of the bladder, constant desire to have the urine drawn off, and pricking pains in the hypogastrium, and the secretion was rather increased in quantity. Next day a little water escaped through the urethra. The action of the medicine was kept up, and now, on account of the increased irritability of the bladder, the catheter was passed every four hours. Each day a little water was rendered *per viam naturalem*, chiefly in the morning, and always more readily when exposed to the cold open air than in a warm room; this little gradually increased, so that, by the end of March, about one-half was passed naturally. The ergot was now only given occasionally, half a drachm every two or three days; and, without further details, suffice it to say that the bladder gradually recovered its tone. By the 1st of May the patient had quite regained power over it, and was able to pass his urine as freely as ever. He then laid aside the catheter, and from that day to this he has never had the least occasion to resume it.

Since the occurrence of this case, I have not had another opportunity of testing the ergot of rye; but it seems to deserve a more extensive trial than it has yet got in similar circumstances, especially where the retention occurs in old subjects, and depends on paralysis of the bladder, arising simply from previous over-distension.

Even *a priori*, it is not unlikely that the ergot should act on the bladder as well as the uterus, since it most probably operates through the medium of the lower part of the spinal marrow, which supplies both organs with nerves from the sacral plexus. Now, Dr. Marshall Hall has shown that the irritability of paralysed parts is increased above the ordinary standard; and thus he accounts for such parts being affected—by strychnia, for example—sooner than healthy ones. It is not that the strychnia is determined by any mysterious agency towards them in particular, but that they, being more irritable, are more susceptible of its influence; and the same will apply to the ergot. If the expulsive powers of the uterus are weakened, it acts upon that organ, and excites it to contraction; if it be the bladder which is similarly affected—its irritability being, according to this view, at the same time increased—it exerts its influence upon that viscus; and further, if there be paraplegia, its effects—from the same cause and the same *modus operandi*—are shown on the paralysed muscles of the lower extremities. I have tried it in three cases of paraplegia, two of which, though not cured, were certainly very much benefited by its use; and in the "Medico-Chirurgical Review" for July, 1839, p. 222, and October, 1839, p. 547, several paraplegic cases are given from foreign journals as having been cured by its means. It has also been used successfully in cases of ptosis, by the local application of an infusion made with water or port wine.

It is hardly necessary to say that the drug should be freshly powdered; and as good a way as any of exhibiting it seems to be in warm water, swallowing water, powder, and all.—*Lond. and Edin. Monthly Journ. Med. Sci.*, Jan., 1844.

MICROSCOPIC CHARACTERS OF MILK.

A drop of milk placed upon a piece of crown glass, and covered by a slip of thin glass, and observed with a magnifying power of about 300 times linear, presents a multitude of spherical particles, differing in size from the 1-13,000th of an inch to 1-3,120th. Leeuwenhoeck observed these particles, as the following extracts from one of his letters show, by which it will also be seen that he considered them not to be identical but different in their nature:—"Vidi multos globulos, similes sextæ parti globuli sanguinei et etiam alios, quorum bini, terni aut quaterni se invicem modo attingebant, fundum versus descendere, et multos variæ magnitudinis globulos in superficie fluitantes, inter quos posteriores adipen sive butyrum esse judicabam." It is generally supposed that the caseum and the fatty or butyraceous matter concur to form the milk globules, the larger ones belonging to the butter, the others, or smaller ones, to the proximate principle peculiar to milk, the caseum.

Dr. Hodgkin and Mr. Lister state that the particles found in milk appear to be perfect and very transparent globules—but far from being uniform, they present the most remarkable varieties, in respect to size; whilst some are more than double, others

are not a tenth part of the size of the particles of the blood, to which they bear no resemblance. From their not alluding to the composition of these globules, it would appear that these observers considered them to be identical. M. Raspail regards them as being the one (the smaller we suppose) albuminous, the other oleaginous; M. Donné has proved, by means of æther, that all the globules found in milk belong altogether to the fatty principle of milk, and not to caseum or albumen, for, by applying æther to the globules when separated from the fluid portion of the milk by filtration, they become entirely dissolved, and, by agitating milk with æther, all trace of globules are lost; now, as æther has not the property of dissolving caseum and albumen, M. Donné is probably correct in his opinion.

With respect to the organisation of these globules, Raspail states positively that he has seen them enveloped by a transparent and *albuminous* membrane, which is diaphanous, and not in the slightest degree granular, and that they disappear in alkalies as ammonia, and that the milk then becomes transparent. M. Donné has never seen this enveloping membrane, nor has he observed the effects of alkalies, as stated by Raspail; on the contrary, by treating milk with concentrated ammonia, no alteration of the globules was effected; much more, solutions of caustic potash and soda only acted slightly from long contact with them. At the end of twenty-four hours the globules were seen in the solutions, and heat was also necessary to effect their destruction; "it is true," adds Donné, "that alkalies saponify fatty matters only by a prolonged action, and only after they have transformed them into an acid; and this is a further proof, if any were wanting, that the globules are not formed of caseum;" but still Donné is inclined to regard these globules as organised bodies, for the following reasons: —1st, their regular definite form; 2nd, their size never exceeding a certain measure; 3rd, were the globules of milk simply particles of butter, more or less divided, how do they not run together as drops of oil do when heated? 4th, they are found intact after the ebullition of the milk; and, 5th, the long motion or stirring of the milk in order to make the butter is another proof, in M. Donné's opinion, of their being organised. That albumen or caseum does not enter into their composition is shown by their not turning yellow on the addition of iodine. Among a great number of experiments which M. Donné performed, to assure himself of their true structure, he exposed milk to different temperatures above 212° Fahr. At about 248° Fahr. no appreciable change was produced either in the color of the milk or in the disposition of its elements; above this temperature the liquor begins to acquire a brownish tinge, the caseum to coagulate, then, in fine, at 288° Fahr. the milk became quite brown, in consequence of the modification of the sugar, and the caseum form a clot and separated entirely from the yellowish liquid or serum. The globules, however, were not included in the clot, they underwent no appreciable alteration, nor could any appearance of a broken or torn membrane be seen. This is a fact, in our opinion, militating against the idea of their being organised.

Professor Nasse, of Marberg, gives the following as the constituents of normal milk: — 1st, smooth, homogeneous, transparent oil globules and large oil globules, also the common milk globules; 2nd, cream globules, distinguishable by their facette-like appearance; 3rd, granulated yellow corpuscles; 4th, lamellæ of epithelium; 5th, the more or less turbid medium in which the four preceding kinds of corpuscles are suspended.

Nasse believes the yellow granulated corpuscles to be peculiar to the colostrum, or first-formed milk after the accouchement, and Donné has also seen and described this corpuscle. See his description of the microscopic appearances of the colostrum: "We find a certain number of true milk globules; but these globules are as yet badly formed, irregular, and disproportioned among themselves, some resembling large oleaginous drops, and do not merit the name of globule—it is evidently the butyraceous substance badly elaborated. The globules, instead of floating freely and independently with each other, are for the most part adherent together. The colostrum contains, besides, some particles having no relation to the ordinary milk globules; they are from the 1-2,600th of an inch, to ten or twelve times this diameter; they are not always globular, are of a *yellowish color and granulated.*" Both observers think that they are due to mucus from the milk tubes.

Dr. Rees appears to think that the globules found in milk are not organised, and, from frequent examination of milk under many conditions, and from many animals, and especially human milk and that from the cow, and from the effects of different reagents, and more especially from the absence of anything like endosmose, I am inclined to hold the same opinion.—Dr. Goodfellow in *Physiological Journal*, Feb., 1844.

NATURE OF CILIARY MOTION.

Take a very small portion of the gill of the sea-mussel, and with a pair of needles detach a small piece of a single bar of it, or a small portion of two or three bars, and separate them a little distance from each other. Place the portion of the branchia so prepared in an animalcula case, or upon a slip of glass, and immerse it in some of the fluid from the shell of the animal; then cover it lightly with a piece of thin glass, or with mica. The portion of gill so prepared will exhibit several rows of cilia, which, if the animals from which they have been taken be alive at the time of the removal of this portion of the gill, will be seen in active motion of a fanning or a lashing kind. We may here state, for the information of those of our readers who may not have witnessed this phenomenon, that no cause for it, no motor power has ever been perceived. It is perfectly independent of the vascular and muscular systems. Contact with the blood is not necessary to its continuance, since it continues just as active when removed from that fluid. It is independent of muscular motion, since it endures longer than the contractility of muscle after death; also, by preventing the blood from flowing to a limb, the muscles become paralysed; the ciliary movement, on the contrary, as before stated, is unaffected by this withdrawal of the blood. Shocks of electricity passed through the ciliated parts, and the application to them of prussic acid, opium, strychnia, and belladonna, which all powerfully affect the nervous system, produces no effect

upon the ciliary movement; the only thing necessary for the continuance of this movement being the integrity of the epithelial cells, to which the cilia are invariably attached in man and the higher animals. The best time for observing the character of the motion, and the form and structure of the cilia, is some hours after the bar has been prepared, as above directed, and when the movement has become sluggish.—*Physiological Journal*, Feb., 1844.

ON THE INFLUENCE OF OPIUM UPON THE CATAMENIAL FUNCTIONS. BY JAMES M'CUNE SMITH, M.D., OF NEW YORK.

Pereira observes, "that we have little positive information as to the effects of opium on the reproductive organs of women. It is said that the catamenia, lochia, and secretions of milk, are unaffected by it;" whence he infers "that its use in the female is not likely to be attended with retention of the uterine or mammary functions."

The following cases, which have fallen under my notice within the last four years, give uniform evidence contrary to the above view:—

Case I.—E. L——d, a middle sized, plethoric young woman, aged twenty-four. In 1837, having procured an abortion by means of some powerful drug, she sent for a physician, who gave opiates in the course of his subsequent treatment. From that time until April, 1843, she resorted daily to laudanum, and gradually increased the dose to four ounces per diem. Her appearance last April was as follows:—Look stupid, complexion florid, person fat, bowels regular, and she ate very little food. Her catamenia, which had been regular until January, 1837, have never appeared since. I believe she is now in the Magdalen Asylum at Yorkville.

Case II.—E. M——l, aged twenty-three, of middle size and sanguine temperament. About three and a half years ago, during an attack of acute rheumatism, laudanum was freely administered to her. During her recovery, and until March, 1843, she continued the daily use of the tincture of opium; and from 1841 to 1843 she drank from four to six ounces per day. In March last she had clear complexion, ruddy cheeks, good general health, bowels regular, and ate little food; but from the date of her rheumatism until March, 1843, her catamenia did not appear, notwithstanding she had been perfectly "regular" until that attack. She went into the country in April, 1843, where she could not obtain any laudanum; but she applied to a physician, who prescribed an emmenagogue, which was followed at first by a slight, and subsequently by several profuse but regular returns of the catamenia. She has recently (July 20) returned to this city, and has resumed a very moderate allowance of laudanum.

Case III.—S. S——h, a short, fleshy, plethoric young woman (colored), aged twenty-six. Until July, 1837, she had menstruated regularly; but, at that date, she commenced the daily use of laudanum, to allay the pain of *onychia maligna* of the great toe of the left foot. She continued drinking from two to four ounces of tincture of opium per diem, until June, 1842. During these five years, although her general health remained unimpaired, her catamenia did not appear. At the last-named date she was cured of the *onychia* by an operation. The succeeding month, and every month since, the menses have punctually appeared without the aid of any medicine.

Case IV.—R——n, aged twenty-five, of middle height, robust, sanguine temperament; has a child four years old. About two years ago, while confined to her room by a fracture of the left tibia, she commenced using opium to relieve pain and restlessness. She has sometimes used twenty or thirty grains of opium per day, for two or three months steadily; at other times she quitted the stimulant entirely for the same length of time. While she continued using the opium daily, her catamenia did not appear; but, on forsaking the drug for a month or two, she becomes "regular" without an emmenagogue. Her general health is good, and she has not been constipated at any time.

Case V.—E. R——, aged eighteen, a young, unmarried female (colored), applied to me in May or June, 1841, for relief from an increase in the quantity and frequency of the catamenia. She was pale, thin, and of the nervo-sanguine temperament; pulse frequent, but soft; head dizzy. She has a sister and brother; both are married, and have progeny. There were no coagula in her uterine discharges, and, except physical weakness, her general health was good. Having tried the ordinary treatment without success, I gave her a combination of acetate of lead, camphor, and *opium*, in minute, frequently repeated doses. I commenced the use of this combination on the fourth day of the persistence of the discharge, and continued the remedy until the discharge ceased. She was greatly relieved by this practice. Shortly afterwards, on leaving the city, she procured a copy of the prescription, and, without my knowledge, continued using the pills (as her sister informed me lately) nearly a year. The catamenia gradually diminished, and at the end of a year, entirely ceased. She was subsequently (Sept., 1842) married. Her general health remains good; her person is thin, but menstruation has not recurred, nor has she yet become pregnant. Since abstaining from the pills (Aug., 1842), she has repeatedly resorted to emmenagogues, prescribed by various physicians, but without success.

Remarks.—The first four of the above females are courtezans. But their vocation cannot have been the cause of the arrest of their menses; for, I can say, from a somewhat extensive experience in the Lock Hospital at Glasgow, that this unfortunate class have no peculiar liability to suppressio mensium. E. M——l (Case II) informed me that she is acquainted with several opium-eaters, in all of whom the menses have been arrested, as they believe, by opium.

Without assuming, from so few cases, that the daily use of opium will *always* arrest the catamenia, I submit them, in the hope that they may attract the attention of medical men to whatever facts may be within their reach. It will be interesting to ascertain, in relation to married women who have borne children previously to a resort to opium-eating, whether this habit arrests their catamenia, and their capacity for conception; or whether it arrests the one and not the other. It may also be worth the inquiry whether opium, in skilfully regulated doses, may not be used as a means to bear women safely through the critical disturbances which occur at the "change of life."

One circumstance is common to all the above

narrated cases, viz., the arrest of the catamenia was not followed by the vital disturbances which attend suppression from other causes; or, in general terms, opium, in daily doses, arrested uterine periodicity without disturbing other ordinary vital functions. Here we have an analogy with other well known effects of opium; for this drug, to a great degree, arrests hunger, which, in the present state of civilised society, is a *periodic habit*, for it is seldom allowed to become an actual *want*. In a therapeutical point of view, opium exerts an almost uniform influence as an arrester of periodicity. As a narcotic, its influence is not uniform, for it does not always produce sleep; and I am inclined to the belief that, when sleep does follow its exhibition, it is rather a consequence of the absence of (an arrested) paroxysm than of a direct narcotic influence.—*New York Journal of Medicine*, Jan., 1844.

UNEDUCATED POOR-LAW PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg most respectfully to refer to a statement made by you (I perfectly coincide with your very judicious opinion on the necessary essentials of the medical education), that "the union medical officer is required to produce his license to practise medicine, surgery, and pharmacy." So far from this statement being correct in practice, there are officers appointed to this and the adjoining district of Rotherham, where the should-be medical officers possess neither medical, surgical, or pharmaceutical qualifications from any source. They say they were in practice prior to 1815, and it is certain that one of the parties had not attained his majority at that period; another is questionable. *Medical education is not required here.* In the same way, numerous empirics infest the country, claiming a legal right to practice from having vended their nostrums previously to the year 1815. The age does not appear to be a consideration. I fear similar instances exist in other districts; and I consider you, as Editors, representing a large, influential, and, I hope, highly respectable body, should be made acquainted with these facts.

I remain, Gentlemen,
Your most obedient servant,
A PROVINCIAL.

Doncaster, Feb. 3, 1844.

MEDICAL INTELLIGENCE.

MR. BARRETT AND DR. EAGER.

We have no wish to act unjustly towards Mr. Barrett, but we would suggest to him that the controversy between him and Dr. Eager would be carried on far better by means of the local newspapers or a pamphlet, than through the medium of our pages. Since, however, Mr. Barrett complains that we have inserted two letters from Dr. Eager, and only one from him, we beg to state that Mr. Barrett sent us a second letter, containing a most distinct and circumstantial denial of the statements concerning him which are contained in Dr. Eager's last letter (Provincial Journal Jan. 13). Mr. Barrett's letter was accompanied by a declaration from Mr. Fleming the printer, that he was *not* certain that Captain Dudley Byrne had called upon him, as he had before supposed.

We do not insert these documents of Mr. Barrett's, because we believe that his purpose will be answered quite as much by this simple statement; and the controversy has now become more than uninteresting to the profession at large. If either of the parties concerned deems himself misrepresented, a statement submitted to his own circle of professional acquaintance (who alone are competent judges), would be the best way of vindicating himself from the charges of his antagonist.

MEDICAL REFORM.

SIR JAMES GRAHAM'S PROMISED BILL.

On Monday evening, in the House of Commons, in answer to a question from Mr. Macaulay, Sir James Graham said that his Medical Reform Bill was nearly prepared, and would be proceeded with soon. The measure had relation to a reform in the College of Physicians, and to the medical profession generally throughout the United Kingdom.

MARYLEBONE GENERAL DISPENSARY.

On Friday week Dr. C. J. Hare was elected physician to this institution.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, February 2, 1844.

F. F. Morgan, F. S. Rogers, H. Jacobs, J. Mc Veagh, W. Lea, G. R. Woolhouse, G. M. C. Saunders, J. P. Scatliff, J. Fisher, W. Parkinson, G. P. Smith, J. Wilson, A. J. Moore.

TO CORRESPONDENTS.

Subscribers to this Journal are recommended to ORDER FROM THEIR BOOKSELLERS, *without delay, any Numbers required to complete sets, as the first* 79 *are quite out of print, and but few copies remain of many of the later Numbers.*

Mr. Cheselden may consult the "Medical Student's Guide and Almanac," and Wilcock's "Law of the Medical Profession." He should also write to Mr. Upton, the clerk at Apothecaries' Hall.

*** Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

ERRATA.

In Dr. Durrant's paper, page 345, for "Bichloride of carbon," read *Terchloride of carbon.*

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 177.] LONDON, SATURDAY, FEBRUARY 17, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

SKETCH

OF THE

RELATIVE ANATOMY OF THE SPINAL COLUMN.

By W. S. Oke, M.D., Southampton.

(Continued from p. 370.)

Sixth Dorsal Vertebra.

The division of the left lung takes place at this point.
Second branch of the great splanchnic nerve on the left side arises from the sixth dorsal ganglion.
The point of the heart lies a little above the level of this vertebra, corresponding with a line drawn rather below the left nipple.
About the middle of the posterior mediastinum is opposite to this bone. Its contents are, anteriorly, the œsophagus and vagi; posteriorly, on the right the vena azygos, on the left the aorta, and in the centre the thoracic duct.
Part origin of the trapezius from its spinous process.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Part origin of the complexus from its transverse process.
Part insertion of the semispinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse; and
Part insertion of the same into its spinous process.
Inferior origin of the semispinalis colli from its transverse process.
Interspinalis and intertransversalis.

Remarks.—If disease be detected on the left side of the chest, above the level of this vertebra, it will probably be in the upper lobe of the left lung.

Seventh Dorsal Vertebra.

The seventh dorsal ganglion gives the third contribution to the great splanchnic nerve.
The last true rib is attached to the body of this bone, which is the longest of the ribs.
Inferior angle of the scapula is on a line with the spinous process of this vertebra.
Part origin of the trapezius from its spinous process.
Superior origin of the latissimus dorsi from its spinous process.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Inferior origin of the complexus from its transverse process.
Superior origin of the semispinalis dorsi from the same process.
Inferior insertion of the same into its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Eighth Dorsal Vertebra.

The eighth dorsal ganglion gives the fourth contribution to form the great splanchnic nerve.
The posterior mediastinum ends at about opposite this vertebra.
Part origin of the trapezius from its spinous process.
Part origin of the latissimus dorsi from the same process.
Part insertion of the longissimus dorsi into its transverse process.
Part insertion of the spinalis dorsi into its spinous process.
Part origin of the semispinalis dorsi from its transverse process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—This vertebra has no primary origin nor ultimate insertion of any muscle. It is the only vertebra similarly circumstanced.

Ninth Dorsal Vertebra.

The ninth dorsal ganglion on the left side contributes a considerable branch to the great splanchnic nerve.
The œsophagus, with the vagi, enters the left hole of the diaphragm opposite this vertebra.
Part origin of the trapezius from its spinous process.
Part origin of the latissimus dorsi from its spinous process.
Part insertion of the longissimus dorsi into its transverse process.
Part origin of the semispinalis dorsi from its transverse process.
Inferior insertion of the spinalis dorsi into its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Intertransversalis and interspinalis dorsi.

Tenth Dorsal Vertebra.

The tenth dorsal ganglion gives roots to form the lesser splanchnic nerve.
The cardiac orifice of the stomach.
Upper margin of the spleen.
Inferior margin of the large lobe of the liver descends as low as the tenth rib.
Part origin of the trapezius from its spinous process.
Part origin of the latissimus dorsi from the same process.
Part insertion of the longissimus dorsi into its transverse process.

Superior origin of the spinalis dorsi from its spinous process.
Inferior origin of the semispinalis dorsi from its transverse process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Eleventh Dorsal Vertebra.

Posterior hole of the diaphragm, through which pass the aorta, vena azygos, the thoracic duct, and the splanchnic nerves.
Renal capsules.
Cæliac artery and its branches—splenic, hepatic, and gastric.
Cæliac plexus of nerves.
Part origin of the trapezius from its spinous process.
Part origin of the latissimus dorsi from the same process.
Superior origin of the serratus posticus inferior from its spinous process.
Part insertion of the longissimus dorsi into its transverse process.
Part origin of the spinalis dorsi from its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—If the large lobe of the liver exceed the margin of the tenth rib, it must be considered as morbidly enlarged. Such enlargement is not of unfrequent occurrence, and can easily be distinguished by its acute margin, and the notch between the large and small lobes. The eighth, ninth, tenth, and eleventh dorsal vertebræ, have the least muscular attachments, having only twenty each.

Twelfth Dorsal Vertebra.

The pancreas.
Superior mesenteric artery and plexus of nerves.
Superior extremity of the kidney.
Glisson's capsule will be found nearly on a line with this vertebra; it contains the vena portarum, hepatic artery, bile ducts, and the hepatic plexus of nerves, veins, and lymphatics.
Semilunar ganglion, formed by the splanchnics and eighth pair of nerves.
Attachment of the last rib.
Superior vertebral origin of the transversalis abdominis from its transverse process.
Superior vertebral insertion of the quadratus lumborum into the same.
Superior origin of the psoas parvus from its side.
Superior origin of the psoas magnus from its transverse process and side.
Inferior origin of the trapezius from its spinous process.
Part origin of the latissimus dorsi from the same process.
Part origin of the serratus posticus inferior from the same process.
Inferior insertion of the longissimus dorsi into its transverse process.
Part origin of the spinalis dorsi from its spinous process.
Part origin of the multifidus spinæ from its transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—Might not the watery fluid evacuated from the stomach in pyrosis be derived from the pancreas, and be thrown up precisely in the same manner as the bile? Both the ducts, choledochal and pancreatic, terminate at the same spot; and if bile be supplied and thrown up from the one, watery fluid may be from the other. This is the more probable, as in water-brash there is often pain felt in the back.

Pains felt between the scapulæ, in disordered functions of the assimilating organs, may be conveyed, through the medium of the splanchnic nerves, from their connection with the semi-lunar ganglia, &c.

First Lumbar Vertebra.

Superior attachment of the mesentery.
The duodenum and the termination of the biliary and pancreatic ducts into its second turn.
The receptaculum chyli.
Centre of the kidneys, or nearly so.
Renal vessels and plexus of nerves, from which is given off
The internal spermatic nerve.
Source of the ureters.
Right spermatic vein terminates in the cava.
Left spermatic vein in the left emulgent.
The flanks of the transverse arch of the colon rest upon the kidneys, which may be called the piers of the arch.
The first lumbar nerve gives the superior root to form the anterior crural nerve.
Part origin of the transversalis abdominis from its spinous process.
Superior origin of the crura of the diaphragm from its body.
Part insertion of the quadratus lumborum into its transverse process.
Part origin of the psoas parvus from its side.
Part origin of the psoas magnus from its side and transverse process.
Part origin of the latissimus dorsi from its spinous process.
Part origin of the serratus inferior posticus from the same.
Superior origin of the sacro-lumbalis from its spinous and transverse processes.
Superior origin of the longissimus dorsi from the same.
Part origin of the spinalis dorsi from its spinous process.
Part origin of the multifidus spinæ from its oblique and transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—Perhaps there is no symptom more commonly met with in practice than pain of the loins, which is usually and at once attributed to bile, gravel, or rheumatism; but as it may be also derived from other causes left out in a hasty decision, I shall enumerate them, and endeavour to point out the symptoms by which each may be distinguished.

Pain of the loins may be derived from the muscles, from the liver, from the duodenum, from the kidneys, from the colon, from the uterus, from the aorta, from the spine, or from matter collected on the psoas muscle independent of spinal disease.

In order to arrive at its true cause, we must endea-

vour to ascertain what function is principally involved, which will at once lead us to it.

If the pain be rheumatic, it will be increased by pressure, and by the slightest action of the muscles affected. There will probably be also rheumatism in other parts of the body, the system will not evince much disorder, the urine will be high colored, and deposit a lateritious sediment.

If derived from the hepatic function, the pain will shoot upwards along the splanchnic nerves to the scapulæ; the alvine evacuations will be either deficient in, or exuberant with, bile; or show a morbid quality of that secretion; the urine will have a bilious tinge; there may be congestion of the hæmorrhoidal veins; and the spirits will be depressed.

If from the duodenal function, three or four hours after a meal the pain will be aggravated, shooting through towards the right side of the abdomen, and remaining till the food has passed into the jejunum. Dyspeptic symptoms will prevail, and there will frequently be painful pustules breaking out about the face. I have lately met with a case in which the boils were extremely annoying.

If from the kidneys, the pain will shoot down the course of the spermatic nerves towards the round ligament in the female, and towards the testis in the male, which will often be retracted by the action of the spermatic nerves upon the cremaster muscle. There will be more or less irritation communicated to the mucous membrane of the bladder. The urine also will be diagnostic in this instance; it may deposit mucus, calculous matter, blood, pus, or albumen, according to the nature of the case; or it may be otherwise morbid in its constitution.

If from the uterus, the pain of the back will arise either from disordered function or disease of that organ. In the former case the pain will be of a neuralgic character, will return in forcing paroxysms extending around the hips and hypogastric region, will be attended with hysteria, and often with increased quantity of the menstrual discharge. In the latter case the pain will be *constant* and severe, extending along the anterior crural nerve half way down the thighs. There will be a thin, offensive discharge from the vagina. The countenance will be wan and sallow, exhibiting the wear and tear of organic lesion.

If from the colon, there will be constipation, and inflation in the course of the bowel, or the fœcal discharges will be of small diameter, or there will be soreness of the intestine under pressure, especially at its ascending or descending portions, accompanied by mucus, or shreds of lymph in the form of boiled vermicelli, amongst the excretions.

If from arterial dilatation, an abnormal pulsation of the vessel involved—the aorta, for instance—may possibly be detected by auscultation in the incipient stage of the disease, *if such were suspected;* but in a large majority of cases such a cause may reasonably escape the attention of the ablest surgeon, from there being no tangible symptom that might lead him to suspect it; and even after the dilatation has considerably advanced, it may be sufficiently large to press upon and disturb the spermatic nerves, but not large enough to project and pulsate externally, and this may, at this stage, be confounded with disease of the renal function.

A few years ago I met with a case of this kind in a man of middle age. The pain had been constant and wearing, shooting from the loins down the course of the spermatic nerves, and for a considerable time was reasonably attributed to the renal function, especially as there had been constant disturbance of this function. At length the aneurysmal sac began to approach the surface, and then, of course, the cause became apparent.

If from disease of the spinal column, the pain will be aggravated by percussing the spinous processes at this part of the spine, or by suddenly striking the toes against an uneven surface. There will be involuntary action of the muscles, especially of the flexors of the legs, diminished temperature, abnormal feelings, and more or less loss of power of the lower limbs. Should there be at the same time any unnatural projection of the spinous processes, the disease will be confirmed.

If from a collection of matter upon the psoas muscle, unconnected with spinal disease, the pain will be continued, dull, and deep-seated, extending from the loins down the psoæ, or in whatever direction the matter may have taken its course. The pain will be aggravated by flexing the thigh towards the abdomen, and there will be difficulty in walking; moreover, there will be marks of a strumous habit, and more or less symptoms of hectic fever. Should any fluctuating tumor present at the groin, or at any other point where the matter may find its way out of the body, it will be conclusive as to the nature of the case.

Second Lumbar Vertebra.

Commencement of the cauda equina in the adult. In the child the spinal cord terminates at the twelfth dorsal vertebra.

The second lumbar nerve gives the superior root to the external cutaneous nerve.

The second lumbar gives the second root to form the anterior crural.

The external spermatic nerve takes origin from the second lumbar.

The second lumbar nerve gives the superior root to the obturator nerve.

Upon the body of this vertebra the lacteals unite to form the thoracic duct.

The inferior mesenteric artery is given off opposite this bone.

Mesentery attached also to it.

Part origin of the transversalis abdominis from its transverse process.

Part origin of the long crus of the diaphragm from its body.

Superior origin of the short crus from the same.

Part insertion of the quadratus lumborum into its transverse process.

Inferior origin of the psoas parvus from its side.

Part origin of the psoas magnus from its side and transverse process.

Part origin of the latissimus dorsi from its spinous process.

Part origin of the serratus posticus inferior from the same.

Part origin of the sacro-lumbalis from its spinous and transverse processes.

Part origin of the longissimus dorsi from the same processes.

Inferior origin of the spinalis dorsi from its spinous process.
Part origin of the multifidus spinæ from its oblique and transverse processes.
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Third Lumbar Vertebra.

The duodenum makes its last turn opposite this vertebra.
The third lumbar gives the third root to form the anterior crural nerve.
The third lumbar nerve gives also the second root to form the obturator nerve.
The inferior root of the external cutaneous nerve comes also from the third lumbar.
Inferior attachment of the mesentery.
Superior vertebral origin of the obliquus internus abdominis from its spinous process.
Part origin of the transversalis abdominis from its transverse process.
Part origin of the long crus of the diaphragm from its body.
Inferior origin of the short crus from the same.
Part insertion of the quadratus lumborum into its transverse process.
Part origin of the psoas magnus from its side and transverse process.
Part origin of the latissimus dorsi from its spinous process.
Inferior origin of the serratus inferior posticus from the same.
Part origin of the sacro-lumbalis from its transverse and spinous process.
Part origin of the longissimus dorsi from the same processes.
Part origin of the multifidus spinæ from its oblique and transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Fourth Lumbar Vertebra.

The inferior extremity of the kidneys reach as low as this vertebra, and are sometimes united, forming what is called the horse-shoe kidney.
Cœcum begins, and the ilio-colic valves lie on about a line with this vertebra.
Bifurcation of the aorta.
Inferior cava formed by the union of the common iliac veins.
Inferior root of the anterior crural nerve is given off from the fourth lumbar.
The great sciatic nerve takes its superior root from the fourth lumbar.
The obturator nerve takes its inferior root from the same.
Part origin of the obliquus internus abdominis from its spinous process.
Inferior origin of the transversalis abdominis from its transverse process.
Inferior origin of the long crus of the diaphragm from its body.
Part insertion of the quadratus lumborum into its transverse process.
Part origin of the psoas magnus from its side and transverse process.
Part origin of the latissimus dorsi from its spinous process.
Part origin of the longissimus dorsi from its transverse and spinous process.
Part origin of the sacro-lumbalis from the same.
Part origin of the multifidus spinæ from its oblique and transverse, and
Part insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—In sciatica the neuralgic pain frequently ascends as high up as the loins, which may be explained by the sciatic nerve taking its superior origin from the fourth lumbar.

Fifth Lumbar Vertebra.

The second root to form the sciatic nerve superiorly comes off from the fifth lumbar.
The sigmoid flexure of the colon terminates in the rectum, which is attached to the body of this vertebra by the meso-rectum.
Inferior vertebral origin of the obliquus internus abdominis from its spinous process.
Inferior insertion of the quadratus lumborum into its transverse process.
Inferior origin of the psoas magnus from its transverse process and side.
Sole vertebral origin of the iliacus internus from its transverse process.
Inferior vertebral origin of the latissimus dorsi from its spinous process.
Inferior vertebral origin of the sacro-lumbalis from its transverse and spinous processes.
Inferior vertebral origin of the longissimus dorsi from the same
Inferior vertebral origin of the multifidus spinæ from its oblique and transverse processes.
Inferior insertion of the same into its spinous process.
Interspinalis and intertransversalis.

Remarks.—From the above statement it appears that the twenty four vertebræ give origin and insertion to forty pairs of muscles, having six hundred and sixty-four points of action; that the fifth and sixth cervical vertebræ have the greatest number of muscular attachments, each having forty; that the eighth, ninth, tenth, and eleventh dorsal have the least, each having twenty; and that the eighth dorsal vertebra gives no *primary* origin or *ultimate* insertion to any muscle.

CASE
OF
DROPSY OF THE CORD,
WITH ARREST OF DEVELOPMENT.

By R. G. Mayne, M.D,
One of the Surgeons in Ordinary to the Leeds Lock Hospital.

[*For the Provincial Medical Journal.*]

I was called to Mrs G——, at ten, a.m., on Friday, February 2, in her eleventh accouchement. Labor was progressing satisfactorily, though the pains were deficient in power. Having attended her during her previous confinement, eighteen months before, she informed me she had been "*queerly carried on*" all the time of this pregnancy; in the tenth week she had severe flooding, and every four or six weeks subsequently, till within the last fortnight, the attack was repeated, which she supposed to be the catamenia; that on Tuesday night (January 30), "*the waters broke, and had gone from her ever*

since," to the amount of "*several gallons.*" Fearing there might be a little of that exaggeration in her account, which persons in her situation are so prone to indulge in, I requested her to consider the matter, and tell me, as precisely as she could, the quantity she had actually parted with. She adhered to her statement, confirming it by the fact that two beds (mattresses) on which she lay, the bedding, and her night-dress to the very shoulders, had been completely soaked in the fluid in the course of the night, which had passed through all, and quite drenched the floor under her bed. This was corroborated by two elderly matrons, now present with her, who added, that on Wednesday evening (January 31), her "*colors*" appeared, and "*ran from her till she was almost lost in them,*" &c., reducing her size to at least one half of what it was.

On examination I found the presentation natural, and the *membranes*, at least the presenting portion of them, *entire*. Labor proceeding slowly, and the mouth of the uterus being well dilated, about twelve o'clock I ruptured the membranes, and a moderate rush of *liquor amnii* took place. The pains immediately became stronger, and nearly incessant, till in a quarter of an hour delivery was effected of a full-timed living female child. As from imperfect development, continuance of life was evidently impossible, it was laid to rest on the nurse's lap, undisturbed, until the signs of vitality should cease. These consisted of a few movements of the limbs, two or three convulsive motions of the face, and the heart's action singularly conspicuous, at first strong and regular, but soon diminishing in both particulars, till, on the lapse of an hour and a quarter, it altogether ceased. There was no cry, nor any perceptible act of respiration.

The following is a report of an examination, *post-mortem*, made the same day, in which I was kindly aided by my friend Mr. S. Hey:—

The anterior wall of the left half of the thorax was without bony structure as far up as the second rib. The corresponding wall of the abdomen was totally without muscular development, consisting of a flaccid, transparent membrane, distended by fluid, and the abdominal viscera (distinctly visible through its texture) so far as their proper attachments allowed them to protrude. This membrane appeared to be composed of the integument, or skin, and peritoneum, in close union; but at about the lower half, or two thirds, these separated to form the anterior and posterior walls of a distinct bag, the first of which included on its surface half of the umbilicus and all that there was for a cord.

[It is proper to state here that, on the birth of the child, I could not distinguish anything like a cord, save only at the umbilicus, and there it was immediately lost in, or on, a prolongation of the anterior wall, or portion of the bag just described, extending to the placenta. The ligature was, therefore, applied round what seemed nothing more than membrane, which I squeezed together for the purpose, and, after separating the child, on attempting gentle traction by this *imitation* of a cord, it gave way like wetted paper, unfortunately destroying the distinction which I should have been anxious to preserve, and investigate, between the continuation of the mass of membrane enclosed in the ligature, and the ordinary membranes of the after-birth. There being considerable hæmorrhage, little time was lost in introducing my hand and detaching the adherent placenta, which was much less firm than usual, more like the substance of softened liver, tearing under the necessary pressure of the fingers.]

On opening the principal membrane, about eight or nine ounces of serous fluid escaped. The abdominal cavity was so contracted as to contain only the smaller viscera, and such portions of the larger as were closely fixed to it by their natural attachments. There was *no diaphragm*, no medium of partition between the thoracic and abdominal cavities on this side. There existed so great a degree of lateral curvature of the spine, that only the point of the finger could be inserted between the vertebral column and partially developed ribs, and from this narrow space the lower lobe of the left lung *dipped into the abdomen;* the pericardium was in close contact with the liver. On the right side there was a moderate development of the diaphragm, and all else, with exception of distorted feet, seemed normal.

REMARKS.

Instances of absence of the abdominal muscles are, I believe, occasionally met with; but this case appears peculiar in the defective condition of the ribs, and in the total absence of the diaphragm on the left side. It also forms an example, interesting in an anatomical point of view, of an unbroken continuity of the membranes lining and covering the body, its organs, and viscera, viz., the (left) pleura, peritoneum, mucous membranes, and skin.

From whence came the excessive discharge of fluid which had flowed, or oozed out, constantly from the Tuesday night till within three or four hours of delivery on the Friday morning—the first night and day of a pale color, but on and after the Wednesday night of the appearance of blood? At first sight the case would seem to be one of *hydrops amniosis* of authors, but I am inclined to think that the immense secretion did not take place within the amnion, but rather within that portion of the chorion which should have enveloped the cord had it existed in its ordinary condition. I thus judge from the circumstance that the point where the ligature was applied formed the mouth, as it were, of the distinct bag described, which contained a blood-like fluid, similar to that discharged on and since the Wednesday night, and that the membrane beyond the ligature continued on to the placenta, as already stated. I have, therefore, ventured to designate the case *dropsy of the cord.*

I imagine that the effusion gradually accumulated and distended the coverings of the cord till, reaching the placenta and encroaching farther and farther, it at last found an exit on the Tuesday night, *externally* to the involucra, and on the Wednesday night became blood-like, in consequence of hæmorrhage from displacement of some portion of the placenta in its course.

There were no traces of inflammation found on the membranes, neither is the mother an unhealthy subject, never before in all her ten preceding labors having had any unusual symptom or occurrence. She is now engaged in her ordinary duties, and enjoying her wonted good health.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, FEBRUARY 17, 1844.

In our last Number we brought before our readers some of the leading points of interest on the general subjects of births, marriages, and deaths, contained in the Fifth Report of the Registrar-General. We purpose, on the present occasion, in continuance of the observations on the mortality, to refer to Mr. Farr's letter in the Appendix. The decrease between the years 1840 and 1841 would seem to amount to 1289 per million; out of a million living, 22,878 persons having died in 1840, and, of the same number, 21,589 having died in 1841. A large portion of this decrease was in the class of diseases to which Mr. Farr, in his Appendix to the preceding Report, had assigned the term "zymotic," that is, in the endemic, epidemic, and contagious diseases. The term, by the way, is an objectionable one, as involving certain hypothetical considerations which are not established, nor even generally received, and, after all, may turn out to be incorrect. It is, however, convenient in application, and may, therefore, be employed until some more appropriate one is devised.

Mr. Farr considers it to be a property of *zymotic* diseases to prevail more at one time than at another, and to become epidemic, endemic, or contagious, according to certain varying circumstances, the nature of which he does not specify. Their existence, however, seems to be made out by the facts brought to light through the medium of the registration, and may, therefore, be admitted without further question.

It has been noticed that a considerable portion of the decrease in the mortality of the year 1841, as compared with 1840, is to be attributed to a diminished number of deaths from diseases of the zymotic class; in fact, the decrease in the mortality from these diseases was 897 out of the 1289 per million before mentioned, or upwards of two-thirds of the total decrease. This favorable change is to be attributed chiefly to the decline of the epidemics of scarlet fever, measles, and small-pox; and probably, also, in part, to the influence exercised by the Vaccination Act over the last-mentioned disease.

The rise and progress of scarlet fever since 1838 is illustrated by a tabular view of the deaths from that cause in each year. This table we insert, adding to it the corresponding mortality from measles and small-pox.

Deaths from	1838	1839	1840	1841
Scarlet Fever	5,802	10,325	19,816	14,161
Measles . . .	6,514	10,935	9,326	6,894
Small Pox . .	16,268	9,131	10,434	6,368

Of the other diseases arranged by Mr. Farr under this head, we learn that "*hooping-cough* fell to the lowest ebb in 1840; *diarrhœa* and *cholera* were less fatal in 1841 than in 1840; *influenza*, though the mortality it occasioned was not great, grew more fatal every year, and in 1841 is stated to have been fatal to 1659 persons. Ague followed nearly a similar course; *typhus*, upon the whole, declined; the mortality it occasioned in 1838 was 1271, while in 1841 it was 952 to 1,000,000 living."

We have only one additional remark to make on the preceding statement, and that is upon the cases registered as influenza. The term is very vaguely used, and, as we have had frequent occasion to know, is, by medical as well as by popular authority, not uncommonly applied to bronchial and catarrhal attacks, and to the slightest forms of fever complicated with catarrh, which have nothing whatever in common with those visitations of epidemic catarrh, to which the name ought to be limited.

Under the head of sporadic diseases of the organs of respiration, we find the following important observations:—The total deaths from pneumonia during the year 1841 amounted, it appears, to 17,997; from phthisis, to 59,592; and from other diseases of the respiratory organs, to 14,594. "Hitherto," says Mr. Farr, in reference to this mortality, "medicine has been able to effect little for the cure of confirmed phthisis, though there can be no doubt that attacks are warded off, and life prolonged by change of air, regimen, and the judicious administration of remedies. It is, on the other hand, a current doctrine in the schools that pneumonia can be absolutely arrested by the free use of the lancet. How, then, it may be asked, does it happen that 17,997 persons died of pneumonia in 1841? A great number of the cases occurred in young children and in old people, as incapable of bearing depletion as resisting a formidable disease; in many instances medical relief would be applied for too late; but, after every allowance, 18,000 deaths annually must render the success of our present system of treatment less unequivocal than could be desired."

A progressive increase has been observed in the number of cases registered as heart disease, which Mr. Farr attributes to the diffusion of new methods of diagnosis, and to improvements in the character of the registration. Considerable regularity, on the other hand, prevails in the annual returns of diseases of the nervous system, the digestive organs, the urinary organs, and the integumentary system. Rheumatism is stated to have proved fatal to 1081 persons; 47 deaths are ascribed to arthritis, and 1161 to diseases of the joints. About one-ninth of the population are returned as dying of old age. The violent deaths during the year 1841 amounted to 11,100, being 551 less than the average of the three preceding years.

This subject Mr. Farr reserves for especial analysis in the Appendix to the next Report.

The deaths from delirium tremens we regret to see gradually on the increase. In the following table we have brought together the mortality from this cause, and that ascribed directly to intemperance:—

Deaths from	1838	1839	1840	1841
Delirium Tre.	182	206	233	264
Intemperance	161	218	191	184
Total . . .	343	424	424	448

This statement shows that, notwithstanding the effects of the temperance societies, a great and increasing sacrifice of life takes place every year from the abuse of intoxicating liquors; and, if we could abstract from their respective classes the cases of insanity, apoplexy, palsy, diseased heart, dropsy, stomach, liver and kidney disease, &c., which date their origin from the same source, the amount would be fearfully increased.

The mortality from the preceding cause is the effect of individual folly and wickedness, and the sufferer has, for the most part, himself only to blame for the degradation and misery which he brought upon himself and his family, and to the wretched and fatal consequences of which he ultimately falls a victim. But if the mortality from intemperance lies at the door of its own victims, who is to be held accountable for that which results from the cause which follows next in the reports? To what account is the mortality from starvation to be placed? 184 persons died in the year 1841 from absolute want, being an increase of 47 on the preceding year, and of 54 on the year 1839. The following are examples selected by Mr. Farr:—"Natural death accelerated by destitution," a male, 17 years; "natural causes accelerated by want of proper nourishment," a female, 45 years; "natural causes accelerated by want and cold," 3 cases, 47, 49, and 50 years; "cold and hunger," a female, 74 years; "natural death accelerated by great privations and inclemency of the weather," a female, 46 years, and a male, 72 years; "natural death by visitation of God, but may have been accelerated by want," a female, 15 years; "exposure to cold and want of food," a male, 76 years; "natural death brought on by cold and exposure to the atmosphere," a male, 38 years; "exhaustion from exposure to cold," a male, 75 years; "exposure to cold and exhaustion, a male, 45 years; "want of food and other necessaries," a male, 34 years; "scantiness of nourishment," 61 years; "destitution and disease," a female, 61 years; "want of common necessaries of life," 2 males, aged 35 and 78 years; "inflammation of the brain induced by starvation (union poor-house)," a male, 20 years; "starvation from not having applied to the parish for relief," a female, 33 years; "diarrhœa and insufficiency of food," a male, 55 years; "exposure to cold and wet," a female, 22 years; "fatigue and inclemency of the weather," a male, 40 years; "starved herself to death, being a lunatic," a female, 23 years; "starvation through insanity," a female, 38 years; "starvation by refusing food in a state of insanity," a female, 43 years; "exposure to cold and wet, having, under derangement of mind, strayed from her home," a female, 56 years; "cold and exposure to the atmosphere, having fallen down in the public road, being in a state of bodily infirmity," 51 years; "starvation from a spasmodic affection of the throat," a female, 29 years; "natural death accelerated by want of nourishment and ordinary comforts from neglect of her husband," a female, 74 years; "natural death from want of proper medical treatment (inquest)," a male, 20 years; "absence of natural nutrition, owing to disease of the mother," a female, five months; "defective nutrition (a nurse-child)," a female, 2 months; also cases of inanition, want of breast-milk, &c.

In a subsequent part of his Appendix, Mr. Farr enters into an examination of the causes of the high mortality in town districts, the investigation into which had been commenced in the Appendix to the First Report, but, as he observes, was then necessarily left in some uncertainty as to the results, being founded upon the returns of half a year. The mass of facts which has since been accumulated from the four years' registration, and the actual numerical state of the population as ascertained by the census, have enabled him to take up the investigation under circumstances much more favorable for the consideration of the questions connected with this subject. As in the former Report, certain country districts and certain town districts, nearly equal in the amount of their aggregate population, are taken as affording the means of comparison, and the results of the registration in these districts are thrown into a tabular form. The general summary of this table we present in Mr. Farr's own words; the table, however, should be carefully studied in detail by those who are desirous of investigating the subject for themselves and of comprehending the deductions which are subsequently drawn from it.

"The deaths by diseases of the zymotic class were 86,835 in towns, 45,114 in the counties; and the annual mortality was 6013 and 3422 in a *million* living. By *small-pox* the mortality was twice as great in the town as in the country districts (1045 and 507); 8348 persons died by this disease in the '25 towns' (so they may be called for shortness), and 6739 in the metropolis, 3844 in the south-western division, 2834 in the other counties. The mortality

(in a *million*) by *measles* was 914 in the town districts, 364 in the country; by scarlatina (including putrid sore throat) 988 and 478; by hooping cough 829 and 415. Thus 8465 (children chiefly) died of *measles* in the '25 towns,' 2774 in the south-western division, 4729 in the metropolis, and 2021 in the 'eastern, &c., counties;' 7627 died of scarlatina in the "25 towns," and 2499 in the south-western division, 6640 in the metropolis, and 3801 in the eastern and other counties. *Hooping-cough* was fatal to 11,975 in the metropolis and the '25 towns,' to 5468 in the south-western division and the other counties. *Croup* was much more fatal in the '25 towns' than in the metropolis, while it was the reverse with 'thrush;' and neither of these maladies was much more fatal in the town than in the country districts. The mortality of diarrhœa, dysentery, and cholera together, was 385 in the towns, 196 in the country. Typhus (comprising the cases returned as *fever*) was fatal to 18,111 in the town, 13,159 in the country districts; the mortality (to a *million* living is understood throughout) was 1254 and 998. The mortality from erysipelas was 133 and 53; from syphilis (as returned) 18 and 10 in a million. *Twenty-eight* died of *hydrophobia* in the towns, 10 in the country districts.

"The diseases of 'uncertain or variable seat' were nearly equally fatal in the two classes of districts. More deaths were referred to scrofula and carcinoma in the country than in the town districts; 13,194 persons died of dropsies in the town, 12,040 in the country districts.

"The mortality by cephalitis and hydrocephalus together was 1143 in the town, 445 (to a *million*) in the country districts. Hydrocephalus destroyed 4109 children in the country, 12,656 in the town districts. The mortality by convulsions was 852 in the country, 2000 (to a *million*) in towns, where tetanus and chorea were also most fatal. The mortality by apoplexy and paralysis, as well as the 'sudden deaths,' in which inquests were held, was not much greater in towns than in the country. By phthisis the mortality was 4463 (in a *million*) in the town, 3660 in the country districts; or 64,449 persons died by this disease in the town, 48,252 in the country districts. The mortality by phthisis was raised only 22 per cent. in the town districts; but in this destructive disease the increase produced 16,197 deaths, while the *total* deaths from typhus in towns was but 18,111, and the excess over the deaths from that disease in the country 4952. Sufficient attention has perhaps not been paid to the great excess in the mortality of consumption, caused by the insalubrity of towns. The deaths by bronchitis, pneumonia, asthma, and other diseases of the chest, were raised from 21,966 in the country to 50,609 in the town districts; the mortality was 1667 and 3504 in a million.

"The annual mortality by diseases of the *digestive organs* was 1972 (to a *million*) in the town, 1042 in the country districts; but of this mortality 616 and 120 were referred to *teething*, a disproportion which, vague as the term is, serves to indicate the greater degree of irritation and danger of dentition in towns. Enteritis and peritonitis were nearly twice as fatal in the town as in the country districts. *Tabes mesenterica* was, like consumption, increased only about one-fifth in the town districts. By liver disease and hepatitis the mortality was 171 in the country, 233 in the town districts; by jaundice 55 and 57. The mortality by diseases of the urinary organs was 101 in the country, 117 in the town districts. The mortality by diabetes was the same (13); by stone and gravel 12 in the country, 16 in the towns. The excess was perhaps caused by the resort of patients to the hospitals in towns.

"Of childbirth, 3195 women died in the town, 1806 in the country districts; the excess in towns was more than 1000 lives; the mortality was 221 and 137.

"The mortality by rheumatism was greater in the towns than in the country (72 and 48); so was the mortality by diseases of the joints.

"The mortality ascribed to intemperance was 19 in the town, 7 in the country districts; to starvation, 15 in the town, 8 in the country districts."

The length to which the preceding quotation extends, precludes our entering further into this interesting question at present. We shall, however, hope to take it up again when the sanitary regulations of the country come under discussion in Parliament, which we presume will be at some period during its present session.

THE FRENCH ACADEMIES.

QUARANTINE QUESTION.

At the Académie de Médicine, on the 2nd of January a letter was read from M. Aubert Roche on the quarantine question, in which he laid down the two following positions, viz., that for the last 124 years every ship which has arrived in port, without the plague showing itself on board, has remained free from that disease; and that in every case where it has appeared on board, it has done so within eight days of the departure from the infected port. The application of these doctrines to the quarantine system is obvious.

FOREIGN BODY IN THE EAR.

M. Marchal de Calvi related a case of foreign body in the ear. He observed, that two opposite errors may be committed in these cases. In the first place, it may be thought that there is a foreign body in the meatus when there is not, and very serious accidents may result from prolonged and violent attempts at extraction. [M. Marchal might have instanced the case of an English surgeon, who, in his endeavours to remove a substance from the ear which was not there at all, persevered till he abstracted the ossicula; the patient died.] Secondly, the patient might suffer severely from deafness, convulsions, palsy, atrophy of the arms, and salivation, caused by the presence of a body which is unsuspected.

M. Smidt, a cavalry officer, felt some degree of deafness in his right ear in the winter of 1821. One day, whilst at exercise, he fancied he felt something move in his ear, and at the same time his hearing improved, and continued better for a short period. After a while, however, his deafness returned, and he became subject to alternations of deafness and greater facility of hearing. This winter the deafness increased, and was attended with intense headache and giddiness, which were not relieved by bleeding. On examining

the ear, M. Marchal discovered what he thought was a lump of hardened wax, but on removing it, by injecting warm water, it proved to be a bead. Several members of the Academy referred to the frequency of deafness in Algeria from insects getting into the ear.

QUARANTINE QUESTION.

At the Académie de Médicine, on the 9th of January, the discussion was resumed respecting M. Aubert's above-mentioned law respecting the time at which plague appears after leaving an infected port. The case was mentioned of a post-office steamer, the Leonidas, which left Constantinople on the 27th of June, 1837, touched at Smyrna on the 29th, where the plague was raging, and arrived at Marseilles on the 9th of July. The day before the arrival one of the crew was taken ill with a supposed gastritis; he died on the 11th of July, and two others of the crew, who were also taken ill soon after, died of what was declared to be real plague. The question mooted was, whether the first patient died of plague, and whether these cases did not militate against the strict rule of its occurring within eight days only.

FIBROUS TUMORS IN THE BREAST.

M. Cruveilhier read a memoir on certain fibrous tumors of the female breast. They are subcutaneous, spheroidal in shape, of sizes varying from a nut to an egg, moveable, hard, indolent, and sharply circumscribed; one or more may exist in each breast. They are, according to M. Cruveilhier, analogous to the fibrous tumors of the uterus. They are dense, or almost cartilaginous in texture, and are composed of fibres interlaced in masses, and forming distinct agglomerated lobules. Neither artery, nerve, nor lymphatic can be traced in them; nothing in fact but a fibrous tissue, abounding in little venules. They may become inconvenient through their size and volume; they may ossify, become œdematous, or altogether waste away, but never undergo any cancerous degeneration, and when removed are not reproduced. M. Cruveilhier believes that many breasts have been extirpated for supposed scirrhus, when in reality they were the seat of these tumors merely.

ANCIENT SURGICAL INSTRUMENTS.

M. Scoutetten exhibited plates, destined to illustrate an unpublished work on ancient surgery, representing various surgical instruments found at Herculaneum and Pompeii. They include sounds, specula, seton needles, forceps, &c. &c.

M. BONJEAN'S CASE OF ERGOTISM.

At the Académie des Sciences on Jan. 15th, M. Bonjean, whose experiments on the ergot we spoke of in our last Number, related a case of convulsive ergotism caused by the use of ergotic bread. He had before declared that the ergot was much less noxious in this state, after having been submitted to heat and fermentation, than in the form of simple powder. In the case before us, a family of nine persons ate ten loaves containing a considerable portion of ergoted rye. Each member of the family took on an average in three days, four and a half ounces of the ergot. They all experienced convulsive and other serious symptoms, but all recovered. M. Bonjean believes, from experiments made on animals, that had not the poison been qualified by the heat and fermentation to which it was submitted, not one of these persons would have survived.

RENEWED DISCUSSION OF THE PRECEDING SUBJECTS.

At the Académie de Medicine on the 16th January, a communication was read from M. Boudin on the subject of the quarantine laws, in which he declared his belief in the impossibility of transmitting the plague into France.

M. Blandin declared his dissent from the doctrines of M. Cruveilhier, regarding fibrous tumors of the breast. He believes that they are excessively rare; that it is extremely difficult to distinguish them from cancerous tumors; and that in cases of doubt it is more prudent to operate.

POISON OF INDIAN ARROWS.

At the Académie des Sciences on 26th January, a communication was read from M. Pedroni, professor of chemistry at Bourdeaux, on a vegetable poison employed by the Indians about Caraccas to poison their arrows. On analysis it was found to contain one-sixth of its mass of strychnine; brucine, iron in large proportion, sulphate and muriate of potass, besides fecula, lignin, lime, water, &c. Two cats inoculated with it died, one in eleven and the other in twelve minutes, of tetanus, which was continuous, and not intermitting, as in tetanus ordinarily caused by poisoning with strychnia.

CHINESE ANATOMY.

M. Liautaud presented to the Académie the copy of a Chinese print of anatomy discovered at Tching-Hae; it represents the form and position of the viscera such as the Chinese surgeons conceive them to be. These organs are divided into two classes; the *tsang*, which correspond to the parenchymatous viscera, and which are five in number, viz., the lungs, the heart, the liver, the spleen, and the kidneys; and the *fou*, or membranous viscera, which are six in number, viz., the large and small intestine, the stomach, the bladder, the gall-bladder, and the three *tsias*.

The brain is not comprised among these organs. It is marked in the plate under the name of mother of the medulla spinalis, which extends down to the os coccygis.

Among the numerous singularities which are found in the different details devoted to the organs in particular, it is seen that the windpipe, having arrived at the superior part of the thorax, divides itself into seven secondary canals, four of which on the left go to the lobes of that lung, one in the centre to the heart, and two on the right to the right lung. The heart sends forth three canals, which communicate with the viscera of the abdomen; one with the kidney, a second with the liver, and a third with the spleen. This last gland occupies the right side of the abdomen.

A very brief account only of their physiological ideas is given in the explanation accompanying the plate. The chief organ which they place at the head of all the others is the heart, in which they say resides the *pih*, or sensitive soul. After the heart comes the liver, the seat of *hivars*, or the intelligent soul, whence emanate all plans and contrivances. The gall-bladder is the source of determination and hardihood. The third essential organ is called *cheuchung*, the lungs, in which resides *ke*, the vital breath, which enters every man at the moment of his birth.

MM. GERDY AND VELPEAU ON FIBROUS TUMORS OF THE BREAST.

At the Académie de Medicine, on January 23, the discussion on M. Cruveilhier's paper on tumors of the breast was resumed.

M. Gerdy thought that in some cases the diagnosis of the tumors mentioned by M. Cruveilhier was possible, but in others quite impossible. There exist indurated tumors, moveable under the skin, of greyish color, and fibro-cartilaginous consistence, grating under the knife, divided into lobes, and resembling in every point those which M. Cruveilhier has described; but these correspond with the *irritable tumors* of Sir Astley Cooper. M. Gerdy would divide tumors of the breast into three classes—the malignant, the benign or non-malignant, and those whose nature is doubtful, which are generally non-malignant, but occasionally susceptible of degeneration. He thought it advisable to operate in every doubtful case.

M. Velpeau thought that M. Cruveilhier had included under the head of *fibrous* tumors some which ought rather to be called *fibrinous*, and which are apt to arise from the organisation of fibrine effused after a blow on the breast. He spoke of the essential difference in the organisation of benign and malignant tumors, the latter of which offer vaaious forms of globules and cells. He believed that in the living subject the diagnosis must often be impossible, and thought the patient's age the best criterion.

After M. Cruveilhier's reply, and some observations from M. Moreau, the further discussion of the subject was postponed.

Immediately afterwards, M. Blandin produced a tumor which he had extirpated from the palatine vault of a patient in the Hotel Dieu. He handed it to M. Cruveihier, and asked him what was its nature. M. Cruveilhier having pronounced it cancerous, M. Blandin said that it presented all the characters which he assigned to his fibrous tumors.

M. LISFRANC ON A CASE OF CICATRIX AFTER BURNS.

M. Lisfranc presented to the Academy a young man, who, when a few months old, was severely burned, which accident produced a cicatrix, which extended over the left side of the neck and upper part of the chest; so that the chin was adherent to the breast, the lower lip was completely everted and confounded with the walls of the chest; the mouth was always open, and the saliva perpetually dribbling out, so that the patient had become extremely emaciated; the arms were benumbed, through, as was supposed, the flexion of the spinal marrow in the neck.

M. Lisfranc operated on this patient in the year 1839. The lower lip was dissected out of the walls of the chest; the cicatrices were divided and hardened bands removed. The operation was very difficult; there was great bleeding, and it was impossible to bring the edges of the wound together, or practise any kind of *antiplastie*. At the end of eight days the head was raised to its natural position; then the wound gradually cicatrised, but the lower lip again became everted, and the chin depressed so as to rest only three centimetres from the chest.

After eleven months, M. Lisfranc performed a second operation; he succeeded in bringing the head into its place, and keeping it there; but the lip still became everted, and two large bands formed on the front and sides of the neck.

After twenty-three months M. Lisfranc performed a third operation. He divided the cicatrices, removed the bands, removed also a third of the lower lip, and fastened the remainder to the cheek; and used the nitrate of silver to repress exuberant granulations.

At the present time the results of the operations are most satisfactory. The head has recovered its proper position, and so has the lower lip, although still slightly drawn, and there is a very slight band on the left side of the neck.

M. Lisfranc called the attention of the Academy to the circumstance, that neither the difficulties and tediousness of the operation nor the size of the wound ought to deter the surgeon from operating in any such cases; and that when an autoplastic method is impracticable, the old plan of dividing the cicatrices and removing bands may be attended with success, even in the worst cases.

MM. FLANDIN AND DANGER ON POISONING BY LEAD.

At the Académie de Medicine, on January 30th, M. Roux resumed the discussion in M. Cruveilhier's before-mentioned paper on fibrous tumors of the breast, which he asserted to be extremely rare, and difficult of diagnosis, and which he believed to be occasionally liable to degenerate. The discussion is not yet completed, but will be resumed next week.

At the Académie des Sciences, on January 29, a memoir was read by MM. Flandin and Danger on poisoning from lead, with some remarks on the absorption and local deposition of poisons. They submitted the following conclusions to the notice of the Academy:—

1. There exists no lead in the human body in the normal state.

2. The symptoms and post-mortem appearances produced by lead poisoning have a peculiar character.

3. If death has been immediately caused by this poison, it is found in the body, as surely as arsenic, antimony, and copper. It should be sought for especially in the intestines, the liver, spleen, kidneys, and lungs. It is not detectible in the blood, nor yet in the heart, brain, muscles, or bones. As it only exists in the proportion of one hundred-thousandth, at least from forty to sixty grammes of liver must be operated on in order to detect any manifest traces of it.

4. The best manner of operating consists in carbonising the animal matter by means of sulphuric acid, heating the carbon to redness, and then submitting it to the action of muriatic acid and water, in order to employ the different tests.

5. Lead, unlike copper, is eliminated by the kidneys.

6. These poisons are principally absorbed by the vena portæ, hence they are found so abundantly in the liver.

7. When poisons have been absorbed by the skin, they may be eliminated in the digestive tube, and rejected by vomit or stool, or may thence be absorbed into the portal vein, as if they had been originally introduced into the stomach.

8. In cases of medico-legal investigation, the liver ought to be selected for experiment, about a tenth part of that organ being first operated on.

M. LAFARGUE ON THE CURE OF NÆVI BY CROTON OIL.

M. Lafargue communicated a new method of curing nævi, by inoculating with croton oil. Five or six punctures should be made on and around the tumor, with a lancet dipped in the oil, just as in vaccination. Each of the punctures causes immediately a pimple, which in thirty-six hours is developed into a little boil. These boils unite, and form a red hot painful tumor, covered with white crusts, and resembling a small carbuncle. Two days afterwards the scabs separate, and in lieu of the nævus is seen an ulcer, which is to be treated on general principles. It would be dangerous to make more than six punctures on a very young infant, as the irritation and fever are considerable.

BIRMINGHAM PATHOLOGICAL SOCIETY.

January 6, 1844.

FREDERICK RYLAND, Esq., in the Chair.

MR. RUSSELL ON A CASE OF TUMOR IN THE PELVIS.

Mr. Russell exhibited to the society an oval tumor, about the size of a large hen's egg, which had been taken from behind and beneath the uterus, with the rectum very much curved, to which it was loosely attached by a number of fine cellular bands. It was enclosed in a firm capsule, and contained a number of hairs, interspersed in a soft, moist, friable matter, apparently quite unorganised. Embedded in this structure, and quite distinct from it, was a mass the size of a large nut, having the appearance of a fibrous tumor.

Mr. Russell said the following case presents two points of interest: it presents a tumor within the pelvis, of peculiar construction, composed partly of a structure very similar to that which forms a distinct organ of the body; and it also illustrates the pathology of constipation. The tumor, without producing of itself a mechanical obstacle to the passage of fæces, had so altered the direction of the rectum by its loose attachment to that gut, as to impede greatly the evacuation of its contents, and to give rise to the existence of the usual effects of obstruction in any part of the intestinal canal upon that portion situated above the obstacle.

The subject of this disease was a lady, fifty-one years of age. She had been a patient of Mr. Russell's for more than twenty years, and has been the mother of six children. When Mr. Russell first attended her, she complained of great difficulty in relieving her bowels. For this trouble she had consulted several eminent practitioners both in town and in the country, and had obtained various opinions as to the cause of the disease from which she suffered. By some she was supposed to have stricture of the rectum; others had conjectured that she had a tumor. Mr. Russell examined her repeatedly, both by the vagina and the rectum, without being able to decide the question. Various internal remedies were prescribed, and, by the advocates for the existence of stricture of the rectum, bougies were employed; but she obtained very little relief from any of the remedies. For several of the last years of her life her mornings were principally devoted to giving herself injections, kneading her bowels, irritating the rectum with bougies, and using every expedient to obtain relief. Her disease produced an influence upon her mind, and she became afraid of taking food, lest she should not get rid of the ingesta; and this apprehension so impressed her mind that she almost starved herself, and seemed to die more from the effects of inanition than from any particular disease. Her feet, and legs, and hands, gradually became œdematous, and she died on the 1st of January, 1844.

Sectio Cadaveris, Thirty-six Hours after Death.

Body extremely emaciated. The abdomen only was examined. The small intestines were of small calibre, and presented, at various intervals, considerable constrictions, which, however, very easily yielded to a dilating force. They contained merely some thick fluid, adhering to their coats. They were healthy, excepting a few scattered ulcers just above the ilio cœcal valve. The cœcum and the colon were very much dilated; their coats were thick, and the three bands of longitudinal muscular fibres were remarkably developed. The appendix vermiformis was very large, and its coats much thickened; it lay upon the ilium, to which it adhered. It was quite pervious, but contained near its termination a stony body, firmly impacted. This body was about the size of a plum-stone, brown, and very friable. The coats of the cœcum and colon seemed quite healthy in structure; but the mucous membrane throughout was stained, uniformly of a deep brown color. This discoloration commenced at the ilio cœcal valve, by a remarkably well defined line. The large intestines were distended with flatus, but contained nothing like fæces. The stomach healthy; where it terminated in the duodenum it was greatly constricted for the space of an inch. At first stricture of the pylorus was supposed to exist, but the contraction, like that of the small intestines, was found to yield very readily. The mesenteric glands were rather large.

A tumor, the size of a large hen's egg, existed in the lowest part of the pelvis, behind and beneath the uterus. It seemed to be covered entirely by peritoneum, and was loosely attached to the lower part of the rectum, in front and rather to the right of which it was situated, by a series of fine cellular bands. It was quite unconnected with any other organ. By its attachment to the rectum it had effected a peculiar alteration in the course of that gut, causing it to describe two acute bends; at each angle the gut was somewhat twisted, so that, in addition to the alteration of its course, its calibre was much contracted in two places. There was not a single sign of the existence of inflammation around the tumor; indeed, it appeared quite naturalised.

In form the tumor was somewhat rounded. It was contained in a firm capsule, and was composed chiefly of short hairs, loosely contained in a soft, moist, friable matter, apparently quite unorganised, and having somewhat the character of the broken down structure of a colloid tumor; but embedded in this structure, and quite distinct from it, was a mass, the size of a large nut, having the appearance of a fibrous tumor. In the upper part of the tumor there was a small quantity of effused blood. The capsule appeared to be composed of condensed cellular tissue; at the upper part it was cartilaginous, and adhered to the fibrous portion of the tumor.

The liver was rather contracted; its substance was condensed and injected, and its capsule was very thick and opake.

From the appearance of the tumor, conjoined with its freedom from all appearances of inflammation, and with the history of the case, it seems probable that it had existed for many years. It was, probably, first formed beneath the peritoneum; but as it advanced forwards, and increased in size, whilst it remained covered by that membrane, the prolongation connecting it with the rectum had become extended, until at last only a few cellular bands remained.

MR. RICE AND DR. FLETCHER ON A CASE OF PULMONARY DISEASE.

Mr. Rice then exhibited the left lung, very much condensed and atrophied, and with cartilaginous adhesions of the pleura and the upper portion of the right lung, in which are about half a dozen tumors, formed by air enclosed under the pulmonary pleura, irreducible by pressure, not communicating with the bronchi or tissue of the lung; one of these tumors the size of a middle-sized orange, the other about the size of large walnuts; and also a kidney in the early stage of Bright's disease, from a patient who had died exhausted by repeated attacks of pulmonary disease, and who passed albuminous urine.

Case.—Samuel Carter, aged thirty-three. About four years ago, when Mr. Rice first saw him, was extremely reduced by expectoration of pus, diarrhœa, and apthæ of the mouth and throat. The diarrhœa was soon relieved by small doses of magnesia sulph., his strength regained by various preparations of iron, and the action of his kidneys kept up by buchu infusion. He got so well as to return to his work. After a few months he told Mr. Rice that his "lungs were gathering again;" left work, and again expectorated pus, but there was no return of the diarrhœa or apthæ. Under the use of the iron and buchu he again got sufficiently well to return to his work; he had several relapses and improvements, sufficient to enable him to resume his work.

Though the diarrhœa never returned, his bowels were always what he called tender, and would not bear the slightest aperient till about six weeks before his death, when he began to require purgatives; soon after which he first called Mr. Rice's attention to his making too much water, which, on examination, proved "moderately albuminous," specific gravity 1·010. He never had anasarca of the legs nor puffiness of the eyelids, nor became comatose, but had several attacks of severe pain in the back. He gradually sank, and died on the 23rd of December, 1843.

Post-mortem Examination, Twenty-four Hours after Death.

Body extremely emaciated. Left side of the chest measures an inch and a half less than the right.

Head not examined.

Chest.—Extensive adhesions of the right pleura. Right lung enlarged and emphysematous; its anterior edge extending over to the left side of the chest, so as to reach to the union of the left costal cartilages with their ribs. At its upper part are about half a dozen tumors, formed by air enclosed under the pulmonary pleura, irreducible by pressure, not communicating with the bronchi or tissue of the lung; one of these tumors the size of a middle-sized orange, the others about the size of large walnuts. Left pleura generally adherent by a firm, cartilaginous union about a third of an inch in thickness, except at its upper part, and also in the interlobular fissure, where there are situated cavities containing pus, and communicating with the bronchi of the lung. The right lung much contracted in size, its tissue being condensed and atrophied, and its bronchi generally much dilated; it lay at the back part of the chest. The heart healthy.

Abdomen.—Liver enlarged and congested; the rest of its contents healthy. The kidneys affected with granulous disease in its earliest stage. The bladder was distended with urine.

Mr. Rice referred to Dr. Fletcher, who had seen the case, for some further remarks upon it.

Dr. Fletcher said, that through the kindness of Mr. Rice he had been permitted to see the case during life, and also to be present at the post-mortem examination; it appeared to him to have been one of those cases which originate in a pleurisy and consequent accumulation of pus in the cavity of the pleura, which had been evacuated by means of a communication with the bronchi, and that the pleura had subsequently adhered, except at those portions which were left as receptacles for, and the future secretors of, the subsequent accumulations of pus, which broke into the branches of the bronchi by pressing upon them, and so caused absorption of their coats, the pus being then expectorated; after which the communications with the bronchi healed, again to be broken open by a fresh accumulation of pus being secreted. It was one of those cases which prove the insufficiency of the communications formed by nature between the cavity of the pleura and the bronchi to effectually and completely empty the cavity of the pleura—a fact he (Dr. F.) had alluded to when he brought Smith's case before the society at the meeting in March, 1843. It was also worthy of remark that in the case before the society and in Smith's case the kidneys was affected with Bright's disease.

MR. ELKINGTON'S CASE OF CAULIFLOWER EXCRESCENCE.

Mr. Elkington exhibited a uterus somewhat enlarged, with a cauliflower excrescence growing out from around its mouth.

The preparation, Mr. Elkington said, was taken from a patient who died December 6, and that the history of the case is briefly this. She (Mrs. N.) was forty-two years of age, and the mother of four children; was taken ill last March; had a copious vaginal discharge, accompanied by dyspepsia, and pain in the back; was treated, by the gentleman who attended her, for dyspepsia, &c. In the course of the summer her health became affected; she lost flesh and got gradually weaker.

Her menstrual periods were more frequent than natural, and she lost more at each time; she occasionally had sudden and alarming floodings; at other times a constant *watery* discharge.

Mr. Elkington saw her in October; she was then weak, debilitated, and *exsanguineous;* the watery discharge considerable, wetting many napkins in the course of the day; she was constantly distressed with thirst; there was œdema of the feet, and she had a cough. On examining per vaginam, Mr. Elkington found the vagina nearly filled with a tumor of an

irregular feel, insensible to the touch, and growing from the whole circumference of the os uteri; it had less of the granulated feel than the cauliflower excrescence usually has, having a striated form, giving the idea of a bundle of small vessels connected together.

Dr. Ingleby saw her with Mr. Elkington, and proposed the excision of the cervix uteri. She refused to have the operation performed, and gradually got worse, the floodings each time leaving her more exhausted. During the last fortnight she had almost constant vomiting. The evening before she died she took some warmed ale with ginger, and soon afterwards was attacked with violent spasmodic pain at the stomach. She continued in violent pain till she died.

Post-mortem Examination Dec. 7.

General Aspect.—Great emaciation; exsanguineous; œdema of the legs, &c.

Chest.—Slight adhesions; considerable effusion; lungs healthy; heart pale and flabby.

Abdomen.—Effusion; great paleness of the viscera; liver pale and soft; there was a laceration of the stomach, about an inch and a half in length, recent in its appearance, and which must have taken place just before death; there was no evidence of inflammation in any of the surrounding parts.

Uterus.—Slight deposit at the fundus, also at the cervix of brain-like fungus, with some change of structure. The tumor very much shrunk, soft, and brain-like—pulpy.

MR. CARTER'S CASE OF MALIGNANT DISEASE OF THE WOMB.

Mr. Carter then presented to the society a fine specimen of fungoid disease affecting the fundus, and forming a large tumor upon the anterior part of the uterus, softened in its interior and communicating with the cavity of the uterus.

It was taken from the body of Mary Ann Bishop, aged forty-seven, the mother of seven children, the youngest three years old. She was of a strong, robust habit; had been healthy, except an occasional cough, until about October, 1842, at which time she began to experience symptoms similar to those of pregnancy, which continued until Christmas, when she received an injury to her leg and foot, which was immediately followed by uterine hæmorrhage, from which she was still suffering when Mr. Carter commenced attending her.

January 14, 1843. She complained of severe pain in the loins and pelvic region; pain in the chest, difficulty of breathing, and cough; in a few weeks she passed a very large quantity of hydatids from the uterus; the flooding continued more or less up to the period of her death. She had at times very severe pain in the bowels, with diarrhœa; a few months before her death the expectoration was mixed with blood. She continued to get worse, and died on the 19th of December 1843.

Post-mortem Examination, Twenty-four Hours after Death.

Body not much emaciated, nor decomposed.

Head not examined.

Chest.— Adhesions of the pleuræ, and fungoid disease very extensively deposited in the tissue of the lungs. Heart healthy.

Abdomen.—Fungoid deposits in the liver, spleen, and pancreas, and in the mesenteric glands. Stomach and intestines healthy.

Fungoid deposits in the kidneys, and in the uterns, as before described. Ovaries healthy.

PROVINCIAL PHYSICIANS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The physicians of England unconnected with the London College, but graduates of Edinburgh, Dublin, Glasgow, Paris, and Berlin, constitute a body in every way deserving of public respect, and capable of exerting considerable parliamentary influence—a body, as I believe, much exceeding the London College in numbers, almost all whose members are in extensive practice, and possess the confidence of a very large and very intellectual portion of the people; and yet, notwithstanding so many advantages, these educated and intelligent men remain in a state of lethargy at a critical moment, when measures are about to be brought forward in Parliament which will most seriously, or, rather, most insultingly, affect their position.

It is supposed, indeed, that the new charter and the new bill will not actually disqualify them—will not render it illegal that they should practise. Oh, no! they are to be *tolerated;* but all persons desirous of entering into practice as physicians, after the date of the bill, will be compelled, by its stringent enactments, to belong to the London College.

THE TOLERATED CLASS, unless some measures of defence be quickly taken, will be exposed to the annoyance of being looked down upon, not only by the present members of the London College, but by its rising generation — by those who are at this moment boys at school, or babies in the nursery.

Now, there are many members of Parliament who are ready to help the graduates of Edinburgh, Dublin, Glasgow, &c.; but these graduates must first help themselves, advance their claims, and rouse themselves into active exertion.

The charter and bill should be postponed indefinitely, or the following clauses should be introduced into them:—1st, that every graduate of Edinburgh, Dublin, Glasgow, Paris, and Berlin, who may have been three years in practice as a physician in any part of England, shall be entitled to register himself as a licentiate of the London College on the payment of £5 or £10 into the college treasury; 2nd, that no stamp be required for the licenses. The latter clause is perfectly reasonable, inasmuch as most of the gentlemen to whom it refers have already paid to the government a stamp-duty on a medical degree. These clauses would bring a large sum into the college, and would place the president of that institution at the head of an united, numerous, and truly influential body, comprising all the physicians of England.

A committee should at once be organised, including all interested parties who reside in the metropolis, or at a distance not exceeding thirty miles; the meetings of the committee should be held twice weekly until the bill and charter have been disposed of; the proceedings should be characterised by the most determined

perseverance, but by the most courteous language and demeanour; not a word should be uttered that could give offence to the most irritable and unreasonable of our opponents. The committee should resemble "a committee of the whole house," to use parliamentary language, that is, provincial physicians coming to town from the more remote districts should be entitled to sit and vote.

Some steps have been already taken towards the formation of such a committee; but the difficulty of communicating with physicians at a distance is by no means trifling, and the number of gentlemen interested is much greater in the country than in town. I have, therefore, Gentlemen, availed myself of your excellent periodical, using it as a means of communication, in the hope that provincial physicians may, on this question, start into energetic and continuous activity —an activity, however devoid of acerbity or coarseness.

I have the honor to be, Gentlemen,

Your obedient servant,

MEDICUS.

Feb. 10, 1844.

EACH PROFESSION REQUIRES A DISTINCT SURVEILLANCE.

By a SOMERSETSHIRE M.D.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In reply to the "rambling" letter of your Lincolnshire Vicar, I beg first to observe that the publication of unprofessional letters in your medical journal is not likely to be very palatable to the majority of your readers, not only causing a waste of time on their part, but likewise a waste of paper in your columns. Your correspondent professes to "have made few advances with the rapid progress of the present intellectual age," and, as a natural sequence, ridicules all innovations. To show the incorrectness of his conclusion, I would merely remark that the "last thirty years" have made a very great change in the general education of the people, and if the mass then spoke incorrectly from ignorance, they have not that plea to offer at present for their partiality to "old-fashioned" notions. As well might the courtiers of the age of Queen Elizabeth vaunt of the elegance of their style and the correctness of their diction, and pronounce the present state of affairs to be but "horrid barbarisms," as the "Lincolnshire Vicar" to bewail the loss of his favorite "spatterdashes" for the classical term "antigropelos." That the reverend gentleman should complain of "anomalies" in our profession is far from remarkable, as we entertain precisely the same idea with regard to his own; but we do not venture to pass critiques on the church, or entangle ourselves in theological tenets, for the simple reason that we think each profession has quite enough to do to reform itself, and that, therefore, *each profession requires a distinct surveillance.*

If the "Lincolnshire Vicar" will look at home, he will find quite enough "to cause no little astonishment, and sometimes no little mirth." * * * * But we forbear, and turn to his crude ideas of physicians and apothecaries. Thirty years ago the line of demarcation between an M.D. and a general practitioner was much more strongly drawn than at present; then the finely powdered wig, the court cut coat, the gold headed cane, and the silver buckles were added to his external appearance, then the portentous shake of the head boded all manner of omens, then apothecaries approached their presence with awe and trembling, and then a momentous silence sufficed their patients for troublesome explanations. Those were the golden days of Galen's sons; but now, like the class of the "old English gentlemen," the physicians motto must be—*fuimus.* The vicar's rusticity must, therefore, alone account for his ignorance of the above, as he, poor soul, innocently asks, "are doctors getting up?" Still, however, there is a difference of rank between the above mentioned classes, admitted by society at large, as well as by professional etiquette, similar to that accorded between a barrister and an attorney, a rector and a curate. The precedence of the first arises from the following causes:— The *regular bred* physicians are, for the most part, sons of gentlemen, they receive a collegiate education, travel for professional information, attend the schools of Paris, Berlin, or Vienna. They read the new publications, so as to keep up with the spirit of the times, since the science of medicine is one of progressive improvement. They study general literature, are versed in the arts and sciences, and, at an age much maturer than that of the clergyman, to whom the cure of souls is intrusted, they return to devote their time and talents, enriched by accumulated facts and observations, to the alleviation of human misery, often for many years without any remuneration, than the satisfaction of an approving conscience.

Now, let us turn to the case of a general practitioner. Apprenticed at an early age, either to a surgeon or an apothecary, for the term of three or five years, more than the half of which time is spent in performing services wholly irrelevant either to his situation or education, with perhaps slender means, and still less time at his command, how can it be expected that he should devote himself to the completion of his classical studies, or the acquirement of elegant literature, &c. ?—and often, at the expiration of his term, he finds himself obliged to accept an assistant's situation, with a salary of perhaps £20 per annum, and duties requiring £100. Can it, then, be reasonably entertained that he will lay aside his professional avocations to improve the imperfect state of his medical knowledge? No. Therefore the education of the one will not allow him to vie with the superior opportunities of the other; and I think the reverend gentleman will acquiesce in my conclusion that the physician is, therefore, entitled to precedence.

If your clerical correspondent had ever visited London, he would have remarked that physicians are the favored set, both at court and among the higher and wealthier classes. He would there have found "phenomenon the first of our medical horizon" often repeated, as several of the most popular and rising physicians of the day plead guilty to being young in years; and, indeed, if a general practitioner is entitled to confidence at twenty-five years of age, surely a physician may claim the same indulgence at thirty-

five years, the noonday of developed faculties and advanced intellect. But I suppose some deference must be paid to an "old fashioned" notion of bygone days, that physicians were only competent to gain their bread when they had no teeth left to enjoy it.

The "Lincolnshire Vicar" seems to be easily petrified, simply because his own medical friend, a most excellent and clever man, was "metamorphosed into a Doctor." Perhaps he will open his eyes beyond their full stretch when I declare my perfect inability to see anything wonderful in a well-educated man wishing to retire from the more active duties of his profession, and to enter the ranks of the M.D.'s. He was not actuated by the *auri sacra fames*, but for the purpose of possessing, comparatively speaking, the *otium cum dignitate* of the higher division.

With regard to his illiberal remark, "I am quite sure of one thing, it cannot be a very difficult matter to be a physician," I beg to assure him that it appears to require "more brains" than to take orders, as both Oxford and Cambridge men, who had taken their degree of *Bachelor of Arts*, have been rejected by the College of Physicians. That we have black sheep among the flock, is not to be wondered at, nor are we not singular in that respect. I have heard of men "metamorphosed" from laymen into churchmen, by a few magical words, without the onerous duty of keeping terms, or even paying a premium of £30 or £40.

I do not mean to uphold the laxity of our government with regard to medical law; far from it, for if the legal enactment was enforced, which prohibits all M.D.'s from practising in England without the town or country license of the Royal College of Physicians in London, and if a penalty of £50 was added for the infringement of each case, one half of which to be awarded to the informer, and the rest either to government or the benevolent medical fund, we should soon see our ranks thinned of those who really "cast a slur on the rest of their brethren." As it is now currently believed that the College of Physicians have taken the subject under their immediate consideration, there is no doubt of proper regulations being adopted for the legal qualification of practising medicine.

In conclusion, I beg to add, that as the science of medicine is not stationary, and that objects and theories, at present glimmering and undetermined, may in a few years be established as facts and deductions, should we not be most happy to resign our places to the "young" physicians, who, benefitting by modern discoveries, which fresh genius and skill have better systematised, and being well read in the valuable truths of the ancients, are perfectly competent to fulfil their high duties with honor, industry, and perseverance?

One parting word to your medico-clerical correspondent, whom I rather suspect to be a wolf in sheep's clothing. The minds of men are imperceptibly influenced by the moral atmosphere which surrounds them. Should we, therefore, wish to benefit from the great discoveries of the present day, and participate in the researches after scientific truth, we must not bury ourselves in a retired village. If we moderate our wishes to a reformation of manners and customs, let us confine ourselves to our own department, and bear in mind that *each profession requires a distinct surveillance.*

I remain, Gentlemen,
Your obedient servant,
A Somersetshire M.D.

MORE ROUGH NOTES AND A FEW FACTS FOR LORD ASHLEY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The letter of a "Country Doctor," in your last week's Journal, has stimulated me to offer a few more facts and a few more grievances to your notice (I lament to find they are not peculiar to this county), in the faint hope that greater publicity, and an accumulation of disagreeables, may somehow or other lead to the discovery of a remedy.

In a district of several parishes, at a distance varying from two to five and a half miles, and including the parish in which I reside, I have attended, since the 25th of last March, nearly 700 cases, and I have no doubt that, before the year expires, the number will not fall short of 750. To accomplish this vast amount of labor, I shall have ridden not less than 2,000 miles, nor have paid less than £3 for turnpikes, beside the expense of a horse, which, as oats and hay are now cheap, I will rate at the low sum of £25. My salary, *including vaccination fees and all other extras*, will not exceed £75, I shall, therefore, receive £47 for my services, out of which small sum, however, I shall have to pay for medicines, leeches, and all other appliances, except trusses. Now, Gentlemen, allow me to call your attention, but more particularly that of the noble lord, to the following simple statement:—On looking over the abstract of the Report of the Committee of Management of the Dorset County Hospital for the year 1843, I find the number of in and out-patients attended during the year amounts to 505, *more than two hundred less than I shall have attended*, and the cost for medicine alone amounts to £159 7s. 2d., or more than double the whole amount of my salary, including extras, and more than treble the amount I shall receive after deducting the expense of my horse: this, you will say, is perfectly astounding; it is, however, perfectly true. I have no doubt the excellent officers of the Dorset Hospital select their drugs with care, and use none but of the very best quality; I do the same, and I know that I give from 10 to 20 per cent. more than I should do were I to purchase articles of an inferior quality, but in so doing, self-interest, and I hope a much higher principle, tells me that I am right; but how stands the debtor and creditor account? Am I to adopt the homœopathic or the hydropathic treatment (water is most abundant in every one of my parishes), or am I to put my pauper patients on the same footing with those in the County Hospital? Let us, for argument sake, suppose the hospital doctors have been unnecessarily lavish with the most expensive drugs—let us suppose that under a more niggardly and pinching system, or, if you will, under a more careful and economical one, the drug-bill had amounted to only £50 for the 505 cases—yet it is even then evident

that I shall have attended more than 700 cases for a less sum. Let us go one step farther; let us suppose that I have adopted the homœopathic treatment in a large number of my cases, and that my drug-bill will only amount to £20, I shall then have £27 left for my year's toil and anxiety, including the labor of making a weekly return, keeping a register, &c.—or, in other words, somewhere about 9d. per case. This is not a very cheering picture, but, like the "Country Doctor," I am so situated that I must take the district, yet can ill afford to lose by it.

Anxious that fact upon fact and grievance upon grievance should be stated, allow me to say that Mr. Livett's case, as mentioned in your last Number, is not a solitary one, as the salary has been reduced in this county to meet the vaccination fees, and in one union I know, and I believe in several, as much as 10 per cent. has been deducted to meet the little extras arising from midwifery, fractures, &c., and thus most effectually neutralising any benefit that might have been derived from fairly carrying into effect the commissioners' order of March 12, 1842.

In conclusion, let me give you one instance out of many I could mention of the mischievous tendency of the annual election system, and, in proof that our situation should not depend on the whims or prejudices of a majority of a board of guardians, but on the just performance of our duties. Some time since I was attending a poor woman, the mother of several young children, and the wife of an agricultural laborer who was earning 7s. per week; she was pregnant, and was suffering severely from varicose veins, and a most painful ulcer of one leg. Under these circumstances I recommended rest; and, to enable her to provide a person to attend to her children during her husband's absence, a small amount of out-door relief, in the shape of bread, was granted. Not being cured at the end of a fortnight, the *guardian* of the parish called on her, and, to use her own words, abused her, and said she was an idle, lazy huzzy, and threatened to put a stop to the bread on the following board-day, and, when she referred him to me in proof of her sufferings, he replied, "Oh, I know him before to-day" (probably recollecting that I had *even dared*, a few weeks before, to make an order for meat in another case); "he shall have no more of our money after the 25th of March;" and I have no doubt his influence will be used to that effect, because, in the conscientious discharge of a sacred duty, I have saddled the parish with a few shillings extra expense, and he is too short-sighted to see that it might be the saving of pounds.

I am, Gentlemen,
Your obedient servant,
A Medical Officer.

Dorset, Feb. 6, 1844.

POOR-LAW PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Your correspondent, "A Provincial," in a letter dated Doncaster, and published in your valuable Journal of last week, states that there are medical officers holding appointments in the Doncaster and Rotherham unions who possess neither medical, surgical, nor pharmaceutical qualifications, from any source. This, Gentlemen, is a grave charge, and one that ought not to rest on a slender foundation; and I would suggest to your correspondent that if his motives are good, and he is satisfied that his information is correct, it is a duty he owes to the profession at large to publish the names of the parties to whom he alludes, that the "black sheep" who have thus imposed upon the commissioners, the guardians, and the public, may be exposed; but I would also suggest to him, at the same time, the necessity of placing his real name and address at the foot of his communication, because somewhat similar charges were, not long since, made by an anonymous writer against the medical officers of the Rotherham Union, which, upon investigation, were found to be utterly devoid of truth.

I remain, Gentlemen,
Yours truly,
An Union Officer.

DR. FORBES'S REPLY TO DR. HASTINGS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gnntlemen,—Do me the favor to insert the accompanying letter in your Journal, in reply to a communication in your last Number.

I have the honor to be, Gentlemen,
Your obedient servant,
John Forbes.

London, Feb. 5, 1844.

My Dear Hastings,—I have just read your grand *reclamation* printed in the Provincial Medical Journal of last week, and I suppose that you and my other provincial friends would think it uncourteous if I did not reply to it in the same public manner, although I fancy you and I might have had our duel on less conspicuous ground.

It would be very unreasonable in me, or any one else, to suspect that you should be as able as other people to find flaws in the words or deeds of the Provincial Association. Do we not all know that you imagined, prefigured, begot, conceived, brought forth, nursed, clothed, fed, taught, christened, endowed, and set up in life, this always lusty and now most thriving of bantlings—discharging, from first to last, for it all the offices and duties of sole or double parent, as if the papa and mamma were rolled into one in your person? That you love it with the love that such a capacious relationship implies, can any one doubt?—and who knows not, also, that of all the proverbially weak-eyed family of love, the *parental* branch is the most amblyopic? Wherefore, it seems probable enough, *a priori*, that a critic of common capacity, and without any special relationship to the Association, should be at least as likely to form a just estimate of the character of its "Transactions" as yourself. And I maintain that, in point of fact, this has been the case in the instance in question. As far as regards the merit of the papers reviewed, or of the volume generally, I appeal to competent and impartial judges if the criticism in my

journal is not fair and honest. I will not defend myself against the imputation of its being "illiberal," as your title asserts, nor of its being "malicious," as some might infer from your own words; because I believe your printer to be responsible for the former, and I know you too well to believe that you could intend to apply the latter epithet to me or mine.

A positive "misstatement," to be sure, you have pointed out in the article; but how this could appear to you "astounding," is only explicable on the theory of the ophthalmological idiosyncracy above adverted to. No critic could have *wilfully* tried to pass off on his readers 200 pages for 60, knowing, at the same time, that the means of detecting the falsehood was within the reach of at least 1700 quick-sighted associates. I am surprised that an old book-man, like yourself, did not instantly discover how the matter stood. Had you done so, and pointed out the mistake to me, I should have at once settled the thing by recording it among the *Errata* of my next volume. Besides serving the same purpose, this plan would have had the advantage of saving us both from the trouble of inditing these *epistolæ graves* for the perusal of sundry good people who probably care little about the matter.

The fact is this:—In printing the unlucky article impugned, from a somewhat crabbed MS., there was an accidental transposition of the clauses of one sentence, which transposition escaped notice in the revision, as the *sense* of the passage was not thereby affected, although the matter of fact was. The passage was originally written thus:—"With the exception of the essay of Mr. Turner, on Dislocations of the Astragulus, which we reserve for a separate notice on another occasion, not more than 60 pages out of 567 are occupied with original papers on practical subjects; these few we shall analyse."

Any one accustomed to see how the best printers (and mine I avow to be a capital one) deal with a blotted interlined *copy*, will have no difficulty in accounting for the transformation of the above into the following passage, more especially if it is recollected that *the words in both are identical*:—

"Not more than 60 pages out of 567 are occupied with original papers on practical subjects. These few we shall analyse, with the exception of the essay of Mr. Turner, on Dislocations of the Astragulus, which we reserve for a separate notice on another occasion."

Whether the reviewer's gentle insinuation be justified or not, viz., that there might have been expected more than *five* papers of a practical nature (and four of the five occupying only sixty pages), in so large a volume, I leave to your own consideration in conjunction with the last sentence of your letter—to wit: "The number of beds in the provincial hospitals is nearly as great as in the metropolitan, and most of the officers of the former are members of the Provincial Association; besides which, the 1700 members of the Association are distributed through a district having a population of not less than fourteen millions!"

You, my dear Hastings, and my other friends of the Provincial Association, do not need to be told how highly I appreciate it and its labors. In my humble capacity as a member, I have toiled with you from the beginning; and I flatter myself the "British and Foreign Medical Review" has not been unmindful of its duty towards so important an institution. I am, however, on the whole, rather glad than otherwise that you, also, have come forward to impugn a piece of criticism in the Review, as your doing so supplies me with another striking proof that my journal still holds on stiffly in the course it took at the beginning, speaking what it deems the truth, without fear or favor, and *that* alike of the works of dear friends as of strangers. When my reviews of books come to be written gratuitously by the authors of the same, or by their friends, or are supplied and paid for by publishers, then I presume I shall be as little troubled with reclamations as certain other editors whom you and I wot of.

Believe me, my dear Hastings,
Most truly and faithfully yours,
JOHN FORBES.

London, Feb. 5, 1844.

*** We fear that our friend Dr. Forbes himself not only labors under a touch of the parental infirmity of vision to which he alludes, but is also not altogether free from a far more serious affection of the intellectual visual faculties; at least, we know not how otherwise to account for the double vision exhibited in his twofold character of author and reviewer. In the second and fourth volumes of the "Transactions of the Provincial Association" are recorded two papers, one extending to 116 pages, the other to 109 pages, on a subject of as little *immediate* practical interest as any of those referred to by the reviewer of the eleventh volume. These papers, however, though of the very same nature as those under the ban of the reviewer, are possessed of high claims to consideration. They are upon the Medical Topography of the Land's-end, and bear the name and impress of Dr. John Forbes!—and not their least merit is, that they have induced other able laborers in the same field of inquiry to enrich the pages of the Transactions with similar reports.

The private peccadilloes in the reviewing line which Dr. Forbes and Dr. Hastings may themselves have conjointly committed, or have winked at in others, would seem to be rather foreign to the question at issue. For our own parts, we are free to acknowledge that we agree with our correspondent "Phylax," that if there is any leaning, it should be to the side of indulgence. Nevertheless, when occasion calls for it, we can ourselves administer a little wholesome critical chastisement, and, as an instance in point, may allude to the exposure which we gave some time back of wholesale plagiarism in a work of some authority, the which plagiarism, by the way, was suffered to pass without note or comment—we presume in a moment of amiable weakness—by the "British and Foreign Medical Review." Tomahawks and scalping-knives are, however, at best but dangerous weapons, for though the cloud of obscurity rests over the authors of reviews, the editors enjoy no such immunity. They are often held personally responsible, as Dr. Forbes well knows, for the sins of their employers, and, living continually in a house of glass, should be the more careful how they throw stones.—EDS.

ON THE STETHOSCOPIC EXAMINATION OF THE PREGNANT UTERUS.

By A. Anderson, M.D.,
Anderson's University, Glasgow.

The following observations refer to the employment of the stethoscope in examining pregnant uterus:—

1. How early in pregnancy can the pulsations of the fœtal heart be heard? On the 14th of August, 1842, I examined a woman in whom the uterus was felt enlarged upon examination per vaginam, but formed no tumor above the pubis. She had weaned her last child on the 25th of March; exactly a month after this, that is, on the 25th of April, she menstruated, and the flow continued for a week. The pregnancy had then lasted for *three months and a half at most.* The fœtal heart was heard distinctly by a friend as well as by myself. We guessed its frequency at 160 or 170.

At early periods in pregnancy the detection of the pulsation of the fœtal heart is an uncertain affair, though, when it is heard, it at once renders all other proof of the presence of a fœtus unnecessary.

2. At the full time, just before or during labor, are these pulsations always audible? I examined 180 women, and in 12 failed to hear them; in these 12 cases, and in these only, the child was born dead. In most of them the heart was never heard to beat, and the fœtus had been evidently dead for some time; in others, heard at first, it became afterwards inaudible, and the child had plainly died in the birth. I conclude, that if on a careful examination, there be no pulsation heard, the child may be confidently held as dead; the importance of this assurance in cases of lingering labor is evident. But *the examination must be adequate*—made by one who has been accustomed to use the stethoscope, and to use it to hear those intra-uterine pulsations,—by one who is allowed carefully to examine every region of the belly in perfect silence, and who repeats the investigation thrice at least before coming to a conclusion. But in the great majority of cases the sounds are heard the instant the stethoscope is placed on the abdomen of a woman at the full time; that is if it be placed in the proper region, the right or left iliac fossa, or a little higher up.

3. A pupil of M. Dubois published a thesis, some years ago, in which he thought he had proved that the locality in which the fœtal heart is heard to beat will nearly infallibly point out the position of the child in utero. Thus, if it be heard low in the belly, it is a head presentation; if high up, the nates or feet present; if across the whole belly, the shoulder or arm: the conclusion being obviously founded on the supposition, that the part of the uterus with which the chest of the child is pressed into contact will be that where its heart will be most distinctly heard. To a certain extent the idea is correct; thus out of 169 cases of head presentation, the maximum intensity of the pulsations was above the umbilicus in five only; but this is quite enough to render the whole nugatory as a means of diagnosis, for be it observed, that these five observations were made not before labor, when the child often moves about from one position to another, but after labor had begun, and when the more certain vaginal examination gave sure knowledge of the posture of the head, now partly engaged in the pelvis. Of three breech cases, the maximum was indeed above the umbilicus in two, but below it in one. In three cases of arm presentation, the sounds were audible across the whole lower part of the belly; but then in several cases where the position of the child was normal, the same thing was observed.

Before labor has begun, the presentation being natural, the maximum is often in the mesial line, or shifts from side to side; but when the head is fairly engaged in the pelvis, its position may always be known by observing where the heart's sounds are best heard. If the position be the first, the occiput being turned to the left acetabulum, the back of the child lies against the left anterior wall of the uterus, and the maximum sound is there; while the child's breast is separated from the right side of the uterus by the liquor amnii. If the position be the second of Nægelè (the occiput towards the right sacro-iliac symphysis), the maximum is to the right, and far back towards the mother's loins; but as labor advances in the second position, and the occiput turns into the direction of the right acetabulum, the sounds advance towards the linea alba, where they are most loudly audible in both cases, as soon as the occiput, preparatory to the exit, lies under the pubis. In several cases I have traced the rotation of the head in the second position, and found the stethoscopic indication to correspond with that obtained by the finger per vaginam. In 164 cases, there were four only in which the sounds were all along best heard in the mesial line; in 100 they were audible on the left; in 60 on the right side—a proportion (5 to 3) which agrees with the observations of authors on the comparative frequency of the two positions of the occiput.

In three cases of face presentation, where the chin was turned to the left acetabulum, and which, in fact, are cases of Nægelè's second position, in which rotation has not taken place, and in which the head has been thrown back on the shoulders, the sounds were heard to the *left* side, higher up than usual, and *very loud.* The reason is obvious: had it been an occipital presentation, the maximum would have been to the right side, the child's back being forced into contact with the uterus there; but as the head is in a face presentation thrown back, the consequence is that the back of the child is separated by liquor amnii from the uterus, and its breast forced against the left wall; therefore the sounds are heard over that region, and they are much clearer here than in any other case, because we place the stethoscope immediately over the region of the heart. Thus also in another case, where the face presented, while the brow was felt towards the left acetabulum, the heart's action was heard to the right side. It may, however, be remarked in passing, that the beat of an infant's heart is audible over most of its body; if the stethoscope be placed on the thigh of a new-born child, it is distinctly heard.

4. If a careful examination be made of the belly by the hand, the position of the child can thus be discovered in most cases—in 60, as I have found, out of 88; and, indeed, we can frequently tell whether it be a first or a second position, by simply asking the mother on which side she feels the child's motions most lively; in 46 out of 73 cases she fixed upon that

side towards which the front of the fœtus was turned.

5. I am persuaded that if attention were paid to the matter, the presence of twins might almost always be detected by the stethoscope. I had an opportunity of examining four cases, and in two made the diagnosis of twins, from hearing *two maxima* separated by very weak sounds; in the third case, examined before I began to pay particular attention to the matter, the diagnosis was not made, but it was remarked as curious, that the sounds were audible on both sides; in the fourth there was only one maximum, *but one of the fœtuses had been for some time dead.* In the first case, one maximum was high up on the right, and the other low on the left side; a head presented first, then retrograded, and the children were born as in the first case. In the fourth case the maximum was high up on the right; both children presented the head, but the dead one was born first. In the first case the two hearts beat with equal rapidity—from 140 to 160; in the second, the pulsations to the right were 140 to 148; those on the left, 164 to 172 in a minute; and when a day old, the infants presented a like difference in the rapidity of the heart's action, the pulse being in the child which had presented the breech, 108; in the other, 136.

6. It is incorrect to state, as has been done, that numbers such as these give twice the real rapidity of the pulse of the child in utero; such an opinion has been founded on the examinations made of the beats in a prolapsed funis. Nothing can be more fallacious; and the best proof of it is, that where you have an opportunity of counting the pulsations in a cord full and uncompressed (which it certainly is not in these cases), they are exactly synchronous with the ventricular systole. This opportunity is given by the occurrence of the funic *souffle*, or bellows murmur, in the umbilical arteries—a phenomenon which I have thrice observed. The proof that this bellows murmur is in the cord, and not in the heart, is that on examination of the child's chest instantly on its expulsion, I uniformly found the sounds clear and pure; but indeed this evidence is scarcely needed, for the *souffle* is heard locally only, and its maximum does not correspond with that of the cardiac double beat.

It is a bad sign of the vigor of the child still unborn if the pulse fall to much below the number given above; in a child dying in the birth, they usually fall as well as in loudness, till their final extinction; and I have in one instance seen them fall remarkably in a fœtus half-poisoned by ergot given to the mother; they were at 144 before the dose was taken, and gradually fell to 50 or 60 only *in the minute.* The child, a small-sized girl, appeared much exhausted, but was revived by the warm bath, and her pulse soon rose to the natural standard. Now, in this case, the ergot had produced continuous and most energetic uterine action, and it might be said that this, and not the poison, was the cause of the slowness of the child's pulse; but that the latter was the real agent, seems proved by its producing a similar effect on the mother; her pulse rose much indeed during the violent labor pangs, but whenever she was delivered, it began to fall, and, having been 104 before she took the ergot, fell to 90, then 80 irregular, then to 68, also irregular, even when she was asleep two hours after.

7. It has been said, that when the child dies, the placental murmur ceases to be audible. This is not true: I have heard that sound very large, and yet the child has been born putrid a few hours after. In one case, however, there was no murmur detected, and the placenta proved to be gorged with bloody coagula, the fœtus being dead; in another, where the placental *souffle* was very weak, the placenta was remarkably exsanguine. In one case, the child being alive, there was observed a well-marked *fremissement*, on applying the hand to the abdomen over the region where the placental murmur was most loudly heard.

8. If the stethoscope be kept in contact with the infant's chest, from the moment of its exit from the vagina, the phenomena of the first respirations can be easily traced; and it is most interesting to observe, that the first sound heard in the yet solid lung, is precisely the same as that heard in the posterior parts of the chest in typhoid congestion of the highest degree,—a disease in which the pulmonary substance becomes fleshy and solid, not full as in hepatization, but as it has been not inappropriately called, *splenified*; in short, has as it were returned to the state of the fœtal lung, which would afford a much more exact simile than the spleen does. The sound is "raucous," a hoarse murmur quite different from that of healthy breathing, but which becomes gradually more and more like it, though mixed with crepitation depending on the presence of fluid in the yet imperfectly expanded tubes, and gradually giving place to the clear puerile respiration.—*Edin. Monthly Journal*, Feb. 1844.

UTERINE HÆMORRHAGE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have greatly to regret having been drawn before the medical world, especially under the circumstances with which my name, in common with that of Mr. Smith, has been connected. The spleen of your pseudo-named "Obstetricus" need not have been excited if the case with which we were concerned had been lucidly reported by Mr. Evans, but unfortunately it was not so, besides which it was sent to your Journal without the knowledge of either of us.

Allow me, as briefly as possible, to report the whole case, as far as Mr. Smith and myself were concerned, and I trust it will prove satisfactory to "Obstetricus," who, by the bye, would have acted more nobly if he had addressed you, Mr. Evans, or us, in his own name; as a peaceful question, for the sake of information, would have answered every purpose, and would have been much more in accordance with one of the fundamental principles of our society, viz., good and honorable feeling towards one another.

I was sent for by Mr. Evans to his patient at ten, a.m., and found her in a very sunken state, with a pulse scarcely perceptible, pallid and cold (her feet especially), and so weak as to find it a trouble to answer my various questions; there was not on my arrival any active hæmorrhage, but an oozing or dribbling, sufficient, however, to characterise the state represented by Mr. Evans, and sufficient also to lead me to infer that if reaction should quickly occur

on the administration of nutriment or stimulants, that more would take place. After an examination and estimation of the expulsory effort made by the uterus (for it had not entirely subsided), I judged that the most effective plan of procedure would be to rupture the membranes, which I accordingly did, after a quarter of an hour's trial of the pains. The os uteri, although as hard as usual, when not larger than half a crown, was dilatable, and I was anxious to superinduce some reaction necessary to the furtherance of our object. We, therefore, gave her a mixture of good ale, brandy, and egg beat up together, a little at a time and frequently, as the stomach would allow; she had also a dose of the tincture of secale after the membranes were ruptured. Soon after this treatment the desired reaction came on, the os uteri became more sensible, accompanied with more effort in the uterus and abdominal muscles. These good symptoms enabled us to assist the dilatation of the os uteri as the pains recurred. Whilst thus favorably proceeding, Mr. Smith (who had also been sent for by Mr. Evans) came in. He inquired the state of the case, and, on hearing it, suggested the plan which I had already pursued, viz., to rupture the membranes. Before leaving, Mr. Smith carefully examined, and pronounced that all was proceeding favorably, that the head would now fall into the brim of the pelvis, the uterus favorably contract, and hæmorrhage would altogether cease. He also expressed his opinion that the hæmorrhage had arisen from a partial separation of the placenta, but of course it was impossible to know that the complication of the case arose from a short cord, although such proved the fact. The placenta could not be discovered in the neighbourhood of the os uteri, although carefully searched for both by Mr. Smith and myself.

I waited with Mr. Evans some time, but seeing that the pains were established, I left him until three, p.m., when, at his request, I called again; the patient was still very low, and had been very sick, the stomach having become irritable; still the pains recurred periodically, but weak and short; the os uteri was more dilated, and the head much further advanced. At half past six I visited her again, but everything was quiet, although, on making an examination, I found there was a periodical effort making, which needed only rousing to action. Her strength had much improved, she was quite warm, and, as she expressed it, she was much more comfortable and in better spirits, which I rallied by expressions of assurance of well-doing, and that speedily.

The os uteri was now quite expanded, and the head had made much progress, but, from her weak state, it did not make that impression upon the back of the pelvis and perineum as in healthful labor. The excito-motory system only wanted bringing into careful play, in order to do all that was required, and by the usual tact in this way we had all the business done by seven o'clock, much to the surprise of the attendants.

By inserting this plain statement, you will greatly oblige,

Gentlemen,

Yours very respectfully

S. Staniland, Ch., &c.

Leeds, 32, East Parade, 1844.

P.S.—Will "Obstetricus" be so good as to read my remarks on the "Practice of the Reflex Function in Midwifery, in your No. 26, Vol. I., March 26, 1842; and I hope he will not be so snappish in future, and will endeavour to make his remarks more in the spirit of a generous inquiring philosopher.

WATER-DRESSING.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Mr. Humpage, of Bristol, has, at page 356 of your last Number, proposed a treatment for the cure of bunion. I may remark, that it is applicable to the cure of corns, and of many other diseases that are either dependant on or attended by inflammation. Mr. Humpage might have pointed out to your readers that their minds would receive no injury by an attentive study of the "Treatise on Inflammation" by the late celebrated Professor Macartney, who was the first to point out the many advantages of Mr. Humpage's water-dressing, and to establish the correct theory upon which the simple practice was founded. Mr. Humpage is not singular in believing himself to be the original proposer of water-dressing. Mr. Syme, of Edinburgh, and Mr Liston, now of London, both think themselves entitled to the credit of discovery in this matter; but I can bear witness that while these three original minds were yet philosophising as incipient students, Dr. Macartney had laid the foundation of his views, and had taught his doctrines and his practice in his lectures.

Whether the water-dressing be applied to the treatment of bunions, or for *preventing* inflammation during the healing process consequent upon amputation, the philosophical mind that first proposed the idea, brought out its principles in a manner that cannot be imitated by those not endued with the same ingenious power of inductive observation, nor gifted with the intellect which enabled it to lay up its rich stores of well-arranged facts. It is idle in smaller minds to claim originality for details dependant on principles they can hardly appreciate; but I trust you will not think it unbecoming in me to vindicate the rights of the illustrious dead to that series of principles upon which the simple treatment of water-dressing is founded.

I am, Gentlemen,

Your obedient servant,

John Ashburner.

55, Wimpole-street, Feb. 5, 1844.

TO CORRESPONDENTS.

*** *It is requested that letters and communications may be addressed to Dr. Hennis Green, 58, Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.*

ERRATUM.

In Dr. Chambers's paper, page 366, col. 2, line 13 from the bottom, for "signs," read *rigors;* page 367, col. 1, line 5, for "correct," read *connect.*

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 178.] LONDON, SATURDAY, FEBRUARY 24, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CASES OF NERVOUS TREMOR IN CHILDREN.

By P. Hennis Green, M.B.

Louise Germain, a girl, thirteen years of age, was admitted into the Children's Hospital, Paris, on the 4th of March, 1835. She has been ill for about two months; the disease commenced with pains in the lower extremities, which, at uncertain intervals, were affected with trembling similar to that which occurs in ague, but not accompanied by heat of skin, or sweating. The pain and tremor were so severe, that the child was compelled to give up all occupation, and remain in bed. Her appetite, however, remained good; there was no fever, cough, or diarrhœa. Within the last few days the arms were attacked in the same way as the legs. On admission, the general health of the child was found not to have suffered much; her intellectual faculties are perfect; never experienced any headache; the sensibility of the affected limbs is not modified; no contracture or paralysis, but muscular force of arms slightly diminished; skin cool; pulse natural; respiration free, 24; no râle or dulness of sound on percussion; tongue clean; no vomiting or diarrhœa. To have a sulphur bath daily.

March 6. Pains in back and shoulders; the limbs still agitated as before by nervous tremor; the pains are increased by cold, and diminished by heat or forced extension; no change of cutaneous sensibility; pulse 96; passed one stool; urine passed easily; some time back there had been retention of urine with pain over the region of the pubes. Baths continued.

7. Some improvement in the child's state is apparent to-day; she can walk more steadily; little or no tremor of the limbs; complains of pain, not increased on pressure, over the ensiform cartilage; pulse 96; respiration 18; sounds of chest healthy. Continue baths. From the 7th to the 10th, the child was compelled to remain in bed, on account of the difficulty she experienced in walking; the pains in the back and shoulders had disappeared; no headache; pulse 120; respiration natural. From the 10th to the 13th the tremor was very slightly marked, indeed hardly perceptible; complained of pain all along the outer side of the left thigh and leg; the pain was occasionally so violent that the child was compelled to lie down on the stomach.

14. Complains, for the first time, of severe headache; no tremor, but a constant sense of numbness in the legs, with increase of pain. She says that the baths no longer give any relief; pulse 120.

15. Pulse 120; pains more severe in arms and legs; they are accompanied by a sensation of numbness; when the limbs are raised up they are immediately attacked by tremor; slight headache; no alteration of the senses; complains of pain in lower part of dorsal region; appetite good; no diarrhœa or nausea; the severe pain along the outer side of the left leg has disappeared. A ferruginous preparation was now given in conjunction with the sulphur baths, and a nourishing diet ordered. From the 15th to the 30th the pains of the limbs and tremor persisted with little change; they now occurred in paroxysms, with pretty regular intervals; the child walked about with difficulty, but her general health was improved. The patient, at this period, began to complain of wandering pains about the lower part of the abdomen, and loins and back; a few leeches were applied to the inside of the thighs, but the catamenia did not appear. A nourishing diet was now administered, and the child was removed from the hospital on the 8th of April in a state of convalescence.

Case II.—Elizabeth Boulet, a girl, eleven years of age, was admitted into the Children's Hospital, on the 11th of February, 1835. About three weeks ago the child's mother died, and this produced a severe mental shock, immediately followed by accesses of nervous tremor, which recurred at regular intervals.

12. To-day the child was found laboring under an attack of nervous tremor; the upper and lower extremities were shaking in a manner exactly similar to the trembling which occurs in ague; skin cool; pulse 92; the general appearance of the child is not unhealthy, but, on examining the chest, signs of the presence of a cavern were discovered at the summit of the left lung; her intellect is so weak that it is impossible to obtain any information from her.

In this state the patient continued, without any change, for some days. On the 20th she was attacked by measles; the eruption was irregular and partial, but did not exercise any influence on the nervous affection.

28. The upper and lower extremities still affected with the same degree of tremor; the legs, however, are in a state of permanent contraction; the neck, also, is stiff, and the seat of severe pain; skin cool; pulse 96; sound, on percussion, dull underneath the left clavicle, with some gurgling; has suffered for a long time from headache.

March 3. The upper and lower extremities are rigid, and affected with tremor. This state of rigidity continued to the 6th, when the limbs were demiflexed, and still trembling; it was impossible to bend or extend them without exciting severe pain; the thumbs were firmly bent on the palms of the hand; the head was slightly turned towards the right side, and fixed in that position; vision and hearing unaffected; pupils not dilated; voice hoarse and weak; cough frequent, but no oppression of breathing; pulse 120, regular; pain excited by percussing the left side of the chest; sound here dull, and respira-

tory murmur feeble; at the upper part of the lung some *râle ronflant*, and posteriorly a slight subcrepitant râle, with dubious signs of gurgling.

7. Skin rather warm; pulse regular, 124; respiration 40; cough somewhat abated; very slight trace of tremor in the limbs, which are now very rigid; it is impossible to flex the legs; no change of sensibility in the affected limbs; complains of severe pain near the lower part of the dorsal region, and over the precordium; face much changed, and expression very dull; no affection of the senses; evacuations voluntary.

10. Countenance expressive of weakness and sinking; head firmly fixed, and inclined to the right side; pupils normal; no deviation of mouth or tongue; upper extremities only affected with tremor; the lower limbs are stiff and contracted; complains of severe pain in the lower part of the spine; pulse 128; cough frequent, without expectoration.

13. Is obliged to be supported in bed; head firmly fixed on the right shoulder; upper extremities affected with tremor, and flexed at the elbows; the lower limbs permanently extended; no change of sensibility in them; urine and stools passed involuntarily; pulse small, 150; excessive thirst; the child asks for drink every minute.

She now sunk rapidly, and died on the 14th, at three o'clock in the morning, preserving her faculties to the last moment. No active treatment was adopted in the present case, as it was thought unnecessary to fatigue the child with remedies which could have no influence on the disease of her chest.

Body Examined, Twenty Hours after Death.

Body not stiff; excessively emaciated.

Head.—The membranes of the brain were perfectly healthy; arachnoid transparent; pia mater free from any trace of deposit or inflammation; the cerebral substance throughout firm, not injected, and to all appearance perfectly normal; the lateral ventricles contain about a drachm of clear serum.

Spinal Marrow.—The membranes and substance of the spinal marrow were examined with the greatest care throughout. No trace of lesion could be discovered; the lumbar plexus and nerves distributed to the lower extremities appeared healthy.

Chest.—The left lung was united to the walls of the chest by false membranes; the upper lobe is, throughout, impermeable, with grey and red hepatisation, and infiltration of tubercular matter; it also contained some crude tubercles, and an empty cavern of the size of a small apple; the inferior lobe contained some grey, semi-transparent granulations; the right lung was healthy, and free from induration and tubercle; bronchial glands tuberculated.

In the *abdomen* nothing was found, except some tubercles in the spleen and under the mucous coat of the intestines; the mesenteric glands were tuberculated.

Case III.—Henri Guilbert, thirteen years of age, an apprentice to a house painter, was admitted into the Children's Hospital on the 1st of April, 1833. About three months ago the child fell on his right side, from a height of six feet, but did not receive any injury. Soon afterwards he remarked that his memory was impaired, and that the upper extremities were daily becoming weaker. Previously to his accident he had suffered much from constipation of the bowels with colic, which was relieved by purgatives; and since the fall, has been affected with nervous tremor of the limbs on the right side.

April 2.—The patient complains of headache; the face is flushed; tongue moist and red; little thirst; no difficulty of swallowing; no nausea or vomiting; the abdomen is retracted, and painful on pressure, especially over the umbilicus; the pain is felt when pressure is made from before backwards, but relieved on pressing from below upwards; no stool for the last three days; coughs a little; chest sounds well; skin cool; pulse 96; respiration 28; the arms and legs are affected with nervous tremor, which is particularly evident whenever the child attempts to raise up one of the limbs, the oscillation taking place from above downwards, and not laterally. No change of sensibility in the affected limbs; when he walks, the body inclines a little to the left side, and he seems to drag the right leg after him. The patient was bled to eight ounces, and ordered to have a mustard foot bath. Soon after the bleeding he vomited three times; no stool.

3. Complains of headache in the right side of the head; loss of appetite; mouth foul; some pain in the epigastric region; pulse 92; respiration 24; the tremor continues without any change. Twelve leeches to the epigastrium and a mercurial enema.

4. Severe pain in the head and vomiting; pulse 144; tremor persists; thirst considerable; pain on pressure over the region of the umbilicus; no evacuation from the enema; abdomen retracted. To have an active enema.

In the evening the child had a severe convulsive fit, which lasted five or six minutes; the limbs on the left side were contracted, and the mouth deviated to the left side, with foaming; the limbs on the right side were relaxed; loss of consciousness complete, and loss of voice for several hours after the attack.

5. During the night of the 4th he was delirious, and so violent as to require to be tied down in bed; pulse now 124; less tremor in the extremities; answers clearly when spoken to; passed three stools during the night; tongue clear and moist; less pain in abdomen; face now flushed, but is alternately pale and red; eyes fixed and pupils dilated; complains of pain over the eyebrows. Six leeches to the temples; enema; cataplasm to the abdomen; sinapisms to the legs.

6. Vomited once yesterday, after the visit; now complains of headache and pains in the lumbar region, increased by pressure; less thirst; three stools; pulse 112; tremor continues without change, but no contraction of limbs or convulsive attack since the 4th. Purgative enema; sinapisms to the legs.

7. To day diarrhœa set in, and a quantity of fluid matter was discharged from the bowels; this was followed by immediate relief; the child enjoyed several hours' quiet sleep; headache gone; tremor diminished; no thirst; tongue moist; no vomiting or nausea, but abdomen continues painful; pulse 104; respiration 28; face of natural expression.

8. Pulse 100; slept well during the night; some pain in abdomen, and headache.

9. Passed two stools; pulse 100; no pain; tremor gone.

10. Appetite good; some wandering pains in the abdomen; pulse 100; respiration 32; passed one stool.

On the 11th, eight leeches were applied over the region of the umbilicus. On the 12th, a purgative enema was ordered, and continued daily. On the 16th, the child was placed in a warm bath, and was immediately seized with delirium, but no convulsions occurred; he was taken out of the bath, had a purgative enema, and ordered to take the sulphuric lemonade. There was now hardly any trace of trembling.

On the 24th the skin was natural; pulse 88; vomited once; pain of abdomen not increased on pressure. To have an ounce of castor oil.

25. The oil was repeated to-day, and brought away a quantity of fæcal matter; the abdominal pain was now much relieved; the purgatives were continued, and the patient left the hospital, completely cured, on the 10th of May.

REMARKS.

The three cases which I have related above are examples of an affection which has not, so far as I know, been noticed by any writer on the diseases of children. It is evidently one of those purely nervous disorders which often pass away as rapidly as they have appeared, and leave behind no trace of organic lesion to account for the variety or intensity of the symptoms. The chief characteristic of the disease is an equable and rapid oscillation of the limbs, in the line of flexion and extension. It bears some resemblance to chorea, from which it is distinguished by the peculiar oscillatory movement, very different from the irregular and involuntary motions observable in the latter named affection. The causes of nervous tremor in the adult are various; in the child the exciting causes seem to be the same, so far, at least, as we can infer from the few cases on record. In the three examples which I have related, the causes of the disease were grief, obstruction of the menstrual function, and the action of lead on the system.

The symptoms of nervous tremor may be readily deduced from the cases, and I shall not, therefore, dwell on them further than to notice the pains in the limbs which occurred in two cases of the three. The absence of headache—of convulsive movements—of contraction of the limbs—and of other lesions of the motor and sensitive powers, will aid us in determining the true nature of the disease. Its treatment must in most cases depend on the nature of the affection with which the tremor is associated.

Thus in the case of Guilbert the trembling clearly depended on the deleterious action of lead, and was speedily removed by active purging.

In Germain's case it seems to have been connected with the establishment of the catamenial discharge, and in the case of Boulet it was excited by mental emotion—the fruitful source of chorea and other nervous disorders.

58, Margaret-street, Feb. 16, 1844.

TABULAR REPORT,

WITH

SOME OBSERVATIONS,

OF

185 CASES OF DISEASE,

OCCURRING AT THE

MANCHESTER UNION HOSPITAL,

During the Year ending the 31st Dec., 1843.

By J. Black, M.D.,

Physician to the Manchester Union Hospital, Lecturer on Forensic Medicine, &c. &c.

In submitting the following Report to your readers, and in order that the statistics of the diseases therein enumerated may be better understood, it may be proper to state that the Union Hospital is appropriated for the reception of the destitute sick and hurt (with the exception of those afflicted with sudden severe accidents and injuries) that occur in the poor-law union of Manchester. This union district contains, by the last census, a population of 192,403 inhabitants; and besides the out-door paupers, the workhouse has, on the lowest average, about 1,200 inmates. The hospital beds allotted for the sick and hurt are at least 250, divided into twelve wards of unequal sizes, which are nearly equally apportioned between the medical and surgical cases, the whole of which are under the superintendence of three honorary physicians and three honorary surgeons, besides a resident surgeon and an apothecary.

The diseases and ailments occurring among such an extensive population—a great majority of which are of the laboring and destitute classes—will naturally be supposed to be many and frequent; and it may also be inferred that their diseases will have a somewhat different character, as to chronicity and fatality, from those presenting themselves at institutions supported, independently, either from private endowment or public subscription.

Though the tables only give the list of diseases and their results for one year, of a third of the patients in the medical wards, it will serve to show their general character and mortality as they occur among those classes of our fellow-creatures who become the unfortunate objects of such a well-provided refuge for them in the day of sickness or in the hour of death.

Numerical Table of 185 *Cases of Diseases, that occurred at the Manchester Union Hospital for the Year ending the* 31*st December*, 1843.

	Males.		Females.	
Remaining under treatment Jan 1, 1843	—	6	—	10
Admitted during the year	—	92	—	77
Cured	44	—	37	—
Relieved	7	—	6	—
Removed by friends	—	—	4	—
Removed to surgical ward	4	—	—	—
Removed to fever ward	2	—	1	—
Passed to their parishes	1	—	2	—
Dead	21	—	20	—
Remaining in Hospital Dec. 31, 1843	19	—	17	—
Total	98	98	87	87

Table of the Diseases, and their Results.

Name of Disease.	Total Cases.	Males.		Females.	
		Cured, Discharged, or remaining in Hospital.	Died.	Cured, discharged, or remaining in Hospital.	Died.
Pulmonary emphysema	3	1	1	1	
Phthisis	25	4	8	3	10
Bronchitis	14	6	1	3	4
Pneumonia and pleuritis	4	2	2		
Catarrhus (acute) and influenza	17	7		10	
Cynanche	4	1		3	
——— syphilitica	1			1	
Pertussis	2			2	
Morbus cordis and pericarditis	2		1	1	
Induration of left lung (chronic)	1			1	
Gastro-enteritis	19	8	1	10	
Enteritis	1		1		
Colica	3	2		1	
Hepatorrhœa	1		1		
Cancer cardii & rectum	2		1		1
Diarrhœa colliquativa	11	4	2	3	2
Anasarca, renal and cardital	2	2			
Anasarca (acute)	4			3	1
Diabetes mellitus	2	1			1
Nephralgia	1	1			
Ischuria urethralis and renalis	2	1		1	
Tabes mesenterica	1	1			
Rheumatismus acutus	10	7		3	
——— chronicus	12	9		3	
——— syphiliticus	3			3	
Icterus	3			3	
Epilepsia	4	3		1	
Chorea	2	1		1	
Paralysis and hemiplegia	4	2		2	
Cerebro-spinal disease	1			1	
Neuralgia	2	1		1	
Erysipelas	2	2			
Rubeola	2	2			
Syphilis tertiary and gonorrhœa febrilis	3	2		1	
Amenorrhœa	2			2	
Cephalœa and otorrhœa	2	2			
Fever, synochus	7	4		3	
Asthenia and exhaustion	4	1	2		1
Total	185	77	21	67	20

Of the 25 cases of phthisis, it is seen that 18 died, which deaths were, to the whole mortality, 41, in the table, as 1 to nearly 2·3. The average age of the fatal cases of phthisis was, in the men, 32·33 years, and the average number of days they were in the hospital were 40·11; while the average age of the females was 26·2 years, and the number of days they were in the hospital, previous to death, were 54·4; the average age at which the whole 41 deaths took place was 38·3 years for the females—the youngest of whom was 13, and the oldest 61; while, for the males, 37·6 was the average age—the youngest of whom was 15, the oldest 70.

The great majority of the phthisical cases came into the hospital with all the rational and physical signs more or less evident upon them, the disease having, in many instances, a long previous duration, according to the patient's report. They had almost all undergone treatment of some kind, either at their own houses, or as out-patients at public institutions. Some were again received with the pulmonary disease in progress upon them, but in the absence of physical investigation it was masked by diarrhœa, catarrhal attacks, gastric affections, or amenorrhœa; and it was only after these adventitious complaints were subdued or cured that the constitutional disease was revealed and stood isolated in its true and fatal character. Two cases seemed to display themselves first in the hospital, one of whom, a very interesting case of a girl, of sixteen years, caught the first visible flame of the disease in the wards, where she was received for a gastric affection with *suppressio-mensium*, after their having twice appeared. The disease gradually manifested itself with every genuine characteristic of the tubercular species, and proved fatal in five months. Her *autopsia* was duly recorded, as all the fatal cases, from whatever disease, are generally submitted to this last test of diagnosis, whenever the consent of surviving friends can be obtained, which, however, is almost universally granted. It would, however, swell a statistical paper of this kind to enumerate, at present, these cadaverous details in any single case to an instructive length. From the advanced condition of the disease with which the greater part of the phthisical patients were admitted, there was no room to attempt any systematic method of prevention, far less of cure. The most that could be adopted was the removal of the adventitious disorders that either marked or complicated the real disease, so as to isolate the pulmonary lesion to the narrowest possible limits. This indication was very generally accomplished in a short time, so that the patients found the last stages of their disorder far less distressing and painful than before their admission; in fact, in many of the cases, as has often been remarked by others under different circumstances of this disease, their latter days were a species of *euthanasia*, especially with the female portion.

The adventitious derangements were treated by alkaline or creataceous mixtures, along with anodynes or hydrocyanic acid; while mild tonics—as calumba, orange-peel, serpentaria with sesquicarbonate of ammonia or soda, or oxide of zinc with compound camphor tincture—had the effect of keeping up the functions of the secretory and nutritive organs to as normal a pitch as possible. The diet was generous, with porter and a little wine daily, whenever there was no contraindication from ascertained topical congestion or phlogosis. With the view of imparting more tonicity to the blood and its vessels, the citrate, but more frequently the ioduret of iron was, in several cases, from day to day administered, to the extent of ten to sixteen grains daily, and made up into pills with treacle and liquorice powder. Without any expectation of curing, or even of long suspending the disease, we were satisfied with its tonic effect upon the system; the pulse often became firmer, night sweats ceased, and the complexion was

somewhat improved, with feelings of greater strength and appetite, without any increase of pulmonary distress. The naphtha, from Dr. Hastings's recommendation, was exhibited by us in about six cases of phthisis and congestive bronchitis; but, besides being much disliked by the patients, we have not as yet observed any positive effect from its use.

The fatal cases submitted to *post-mortem* inspection afforded a great variety of the morbid lesions occurring in this disease, consisting of purulent and diffluent caverns, lined with grey and flocculent membranes, and ulcerated shreds; small, insulated, or communicating vomicæ, filled with creamy pus or tubercular curd; tubercular infiltration, or segregated tubercles, crude or miliary, surrounded by congestion or lymphous induration; interlobular adhesions; subpleural emphysema; pleural adhesions, more or less recent; and generally effusion into the thoracic cavities to a greater or less extent, but *pneumothorax* in no case decidedly detected.

Heart in these phthisical cases was more often normal than otherwise. In one case it was larger than natural in a young female, full of dense coagula; outer membrane pale and smooth, with five ounces of serum in pericardiac cavity. In another it was normal, with three ounces of serum; and in a third one the organ was pale and anæmic.

Stomach and bowels were mostly natural, with their coats always pale and often diaphanous. In two cases there were marks of previous lesions in the mucous coat of the ileum, and in one of these there were, moreover, observed follicular intumescence and ulceration in the *appendix vermiformis*, with a small perforation. Liver always relatively larger than the other organs, and, in general, showing more than normal subhepatic venous congestion, and in one case there was moderate fatty degeneration. The kidneys, for the most part, exhibited the granular metamorphosis.

Pulmonary Emphysema.

This fatal case, on inspection, exhibited the well-marked vesicular species of this disease, the anterior and upper surface of both lungs being studded with groups of air-bladders, like small bunches of grapes, which were covered by the smooth and glistening pleural membrane. The posterior parts of both lungs were dark and congested, as from recent stasis.

The case marked *indurated lung* is worthy of notice for its duration, the patient now eighteen months in hospital, and confined, during the whole period, to bed, in the horizontal posture. Her business was that of a cook; she is forty-two years of age, and has no marks of a scrofulous nor phthisical diathesis about her; cough has been throughout absent or slight, with no expectoration, except of a little thin mucus; dyspnœa on motion or sitting up in bed; pains, though sometimes severe, only transient, and as often in the left hypochondrium and epigastrium as in the chest; recumbence generally on the left side, though for short seasons, at times, on the right. Chest full, and a little arched, with fulness of the intercostal spaces; both sides nearly equal in circumference, but the right only moves in respiration, and even in a deep inspiration. Left thorax dull and solid to percussion, except just under the clavicle; respiration nowhere audible on this side, but only a faint and distant tubular sound perceived; right lung clear and normal on percussion, and respiration puerile, even to the middle of the sternum, showing no displacement of the mediastinum; heart's sound normal; pulse about 90, small, but moderately firm; appetite weak, but digestion, and alvine functions natural; has no sweats, and catamenia have at times appeared; is often troubled with neuralgic pains shooting up the left side of the neck, face, and head, and down to the left elbow, producing suffused eye and epiphora; no indurated glands in axilla nor in the neck can be perceived. As the case is one of some interest, its progress will be attended to.

Bronchitis.

These affections all took place in adults and the aged, and the fatal cases were exacerbations of the chronic disease. Stimulants—as senega, ammonia, and naphtha—with a sparing use of opiates, along with blisters, and a regular attention to the bowels and secretion of urine, proved of great service in the majority of them.

Gastro-Enterite.

This affection, whether constituting the sole disease, or accompanying others on their admission, readily improved, or was removed, under a short treatment of mild mercurials, aperients, and simple tonics; but there was much reason to attribute their improvement to the regular diet and regimen to which the patients were subjected when contrasted with the intemperance or poverty in which they lived before they came into the hospital. The fatal case was found, on inspection, to be afflicted with scirrhous pylorus.

Diarrhœa Colliquativa.

Those cases were all admitted with the disease in an advanced form, from persistent diarrhœa or dysentery, and were generally accompanied by phthisis in some stage, though not then to a fatal extent of itself; ulceration and diffluent softening of the mucous coats of the bowels were found in those who died, but never any perforation.

Anasarca.

Of the six cases, two were connected with renal disease, along with morbus cordis; while the fatal one out of the other four was carried off with serous infiltration of the lungs. Compound powder of jalap, occasional mercurials, and colchicum combined with saline aperients—as the tartrate of potash, along with regular embrocation of camphorated liniment with ammonia, was the general method of treatment.

Diabetes.

The fatal case was a severe complication of ascites and anasarca with the renal disease. The indications of treatment were at first conflicting, but the dropsies were satisfactorily first removed, and subsequently the peculiar urinary discharge much improved; but an explosion of phthisis carried off the patient. The other case is still under treatment, and the quantity of urine has been diminished from eight quarts daily to six, and down to two, at which amount it has remained for about three weeks, without its saccharine character being quite removed. The ioduret of iron to a scruple daily, in this case, with creasote and the sesquicarbonate of ammonia to thirty grains daily,

have been the medicines steadily employed. Diet has been full and albuminous, and but little bread allowed.

Rheumatism.

This complaint is always frequent in such institutions as the Union Hospital, from the exposure of the working poor to the severities of the weather, and their being very scantily clothed. The acute cases were treated first with colchicum and neutral salts, to purgation, then with opium, to allay pain, with or without a little calomel, according to the state of the secretions, along with liniments containing camphor and ammonia. The chronic and syphilitic cases yielded very satisfactorily, in two or three weeks, to the iodide of potassium in camphor mixture. No metastasis to, nor synchronic affection of, the heart or its coverings were detected in any of the cases; and in none was bleeding adopted in any way, though in some of the acute cases pain was very great, and fever ran high.

Diseases of the Nervous System.

One case of great interest is that marked cerebro-spinal disease, which is still in the hospital, where the patient has been for one year and a half. The case has been one of a prolonged series of alternate tetanic and chronic spasms, affecting the muscles supplied by the suboccipital, phrenic, and dorsal nerves, inducing attacks of episthotonos of cervix and dorsum, violent and noisy hiccup, and tympanitis, without any impairment of the mental faculties. The senses keep entire, except there has been, for the last eight months, permanent contraction of the superior recti of the eyes, with nictitation when she is awake, and more so if addressed. The course of the spine has been, in succession, beset with blisters, issues, and moxas, and covered with stimulant and sedative plasters, besides a number of alterative and narcotic medicines have been given with more or less relief. The tincture of gunjah has been exhibited at two periods of her extreme suffering from singultus and pain. The first administration gave great relief, after producing much talkativeness, and a great sensation of hunger; after which, for near five days, she kept very quiet, without spasm, and somewhat sleepy, but quite sensible. The second exhibition was followed by quieting all the spasmodic symptoms, but without producing the former precursory state of excitement. As the case is one of interest, it will be watched, and, if possible, reported at length.

Cerebro-spinal Neuralgia.

This case is also of some interest, from its enduring more than twelve months, with some prolonged intermissions of health and freedom from pain. The upper part of the head and occiput being first affected with fits of excruciating pain, a long issue was opened, along the course of the sagittal suture, by caustic, and kept open by peas for two months, till she felt no pain nor uneasiness in the head, but only a slight giddiness. The complaint next elicited itself in the hypochondria and abdomen, but the pain was principally felt and detected in circles radiating round their parietes, often so severe as scarcely to allow of the least touch. These complaints gave way to warm purgative pills, with croton oil, and the occasional exhibition of extract of aconite in half-grain doses, three or four times a-day. The extract gave more relief than greater doses of opium. Blisters and stimulant embrocations were also auxiliary. She was afterwards discharged, and was acquiring strength and much *embonpoint*, when an epileptiform seizure occurred, and she was placed again under our care. Her subsequent history will be attended to.

Epilepsia.

These cases received most benefit, in our hands, from antimonial pustulation, or caustic issues, high in the nape, resinous aperients, with croton oil, and the cold douche to the head. In one of the cases, 280 grains of the nitrate of silver were given in about sixty days, without more than prolonging the intervals between the fits. There was not the least discoloration of the skin produced, perhaps owing to the simultaneous use of the iodide of potass. The tincture of gunjah was also given, with the effect of only producing much talkativeness and extravagance of behaviour.

To make any further remarks on the remaining cases of disease enumerated in the table would be of little interest to the medical statistician or practitioner; and I fear the short observations already made may be esteemed too cursory, and not very instructive. I shall, therefore, conclude this series by observing that such returns can only be accompanied with similar restricted remarks; for, to do due justice to many of the cases tabulated, they must be descanted upon in detail, to which duty we shall endeavour to address ourselves, as time and opportunity will be hereafter afforded.

Manchester, Feb. 1, 1844.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, FEBRUARY 24, 1844.

We have recently had our attention directed to the subject of early education, by the perusal of an admirable paper read by Mr. Turner before the Royal Institution of Manchester. The details of this paper embrace much valuable information on education in general; and when the importance of the inculcation of sound principles, moral and religious, as well as of instruction in the various branches of knowledge to every individual of the great social family, is considered, it will be seen that no subject more worthy the attention of an enlightened audience could have been selected.

We cannot follow Mr. Turner through the many valuable facts, and no less valuable opinions, which he adduces, although, to a full understanding of the question, it would be necessary to enter very closely into much that he brings forward. There is, however, one portion of these inquiries so intimately and immediately connected with the duties of the medical practitioner, consulted, as he often is, on the general management of the children in families, where he is the confidential adviser—we allude to the effects of early education on the health—that we deem it

highly desirable to lay before our readers some of the statements made by Mr. Turner in relation to it.

After some preliminary remarks on the serious and even fatal effects arising from the over-straining of the infant mind, it is shown that while the promotion of education, on sound principles, is the duty of every man who wishes well to his species, the helping hand may sometimes be required to check as well as to speed its onward progress.

"We live in times," says Mr. Turner, "when mental culture is, in most instances amongst ourselves, making dangerous progress; when competition amongst teachers, parents, and students, is giving a destructive impulse to education, and when, in fact, the wear and tear of early life is proceeding with unexampled rapidity. Coeval with the creation of man, there were doubtless established laws which should regulate not only the organisation and functions of life, but also their mode of decay, in accordance with the decree that life was to last for only a short season, and to 'fade as the leaf.' But civilisation, modern manners of living, fashion, ambition, and a variety of other causes, have tended to divert nature from her normal course, and have unquestionably, in many instances, operated prejudicially on health, and tended much to abridge the duration of life. Natural and accidental causes of death do occur at each epoch of man's existence, and statistical investigations have furnished very important information on the variations of mortality in different sexes, at different ages, in different employments, and in different localities. But there are causes of wear and tear in the higher walks of life, arising out of circumstances of our own creation, and from mismanagement in the physical, moral, and intellectual education of children. These causes of decay may not show themselves immediately in all cases, but will help, most assuredly, to lay the foundation of future ill health of body, with more or less nervous disorder, which will render life miserable, if they do not accomplish the less perhaps to be regretted deed, of taking it altogether."

These mischiefs are accelerated in their progress and too often date their origin entirely from a neglect of those principles of physical education which, however they may be lost sight of in practice, have long been known and recognised by some of the highest authorities on intellectual and moral culture. The simple and intelligible rules laid down by Locke in his treatise on Education, "plenty of open air, exercise, and sleep, plain diet, no wine or strong drink, and very little or no physic, not too warm and strait clothing," as Mr. Turner justly observed, have scarcely been improved by modern writers on physical discipline. The neglect of these rules, too often evinced in the bringing up of the children, both of the richer and poorer classes, generates a large portion of the ills under which so many suffer during the whole course of a life, the duration of which is also abridged from the same cause. What more fertile sources of ill health, disease, and death, are we accustomed to speak of than close and confined air, sedentary occupations or habits, loss of sleep, too rich and too abundant, or impoverished and insufficient diet, excess in the use of wine and strong drinks, the indiscriminate use of physic, and, in the female especially, tight stays, and, as far as the upper part of the person is concerned, often no clothing at all. "In fine," to use the words with which Mr. Turner sums up this division of the subject,

"All abuses in diet, dress, and the other means included in physical education, must do harm to the body, and must secondarily produce bad moral and intellectual consequences. Whilst our attention is alive to the advantages which the body will derive from good diet, it must not be forgotten that overfeeding, joined to indolence, may cause an excess of physical development, and thereby diminish mental energy and shorten life. Medical works give us many examples to prove that rapid development is not compatible with safety either to body or mind. Prodigies in both cases are more or less the result of abnormal or unnatural action, and will lead to premature decay and death. It is stated by writers, and many instances have been recorded to prove, that ultimately development of the organism brings on speedy dissolution. In Dr. Millingen's work there is a case recorded of a girl who cut four teeth at the end of the first fortnight; walked about, and had hair reaching to the middle of her back after the seventh month; but perished in a state of exhaustion in her twelfth year. An experiment was made by Dr. Berkeley, Bishop of Cloyne, to ascertain the influence of food in promoting extraordinary growth. At the ago of twenty the youth on whom the experiment had been made had attained the height of seven feet, but his organisation was so much exhausted by the process of growth, that he died in a state of physical and moral decay at the age of twenty. Dwarfs generally die from premature old age, and giants from exhaustion. A curious instance of marvellous growth is recorded of a surprising boy, who was born at Willingham, near Cambridge, who, not one year old, was four feet high, and possessed the appearance of manhood; but, before six, he died, as it were, of advanced age. To prevent precocity of body must, after these illustrations (to which many other cases might be added) of its disadvantages and destructiveness, appear to be desideratum; it cannot, perhaps, be prevented in all, but it may be promoted in almost all cases by indulgence in the luxuries of the table, by want of exercise of body, and by indolence of mind; and the effects of the former are oft reflected on the latter."

But whatever may be the mischiefs which date their origin from a neglect of the principles of physical education, those which prevail from a similar neglect or misconception of the principles of moral and intellectual culture are of at least equal extent, and we fear it must be said of far more serious import. We are unable to attempt the tracing even of the outlines of the picture of depravity, wretchedness, and degradation which the neglect or perversion of moral education occasions. Criminal courts and prisons, convict

establishments, and penal settlements, present only the public consequences of a few detected and, comparatively speaking, isolated examples held forth as a warning of terror to those in whom the principles of religious, moral, and social feeling are inoperative. Hospitals and infirmaries are often crowded with the victims of moral as well as of physical mismanagement and neglect. But these, though perhaps extreme examples, are only such as float on the surface, and as a natural consequence most prominently and most forcibly attract the attention. We turn, therefore, at once to that portion of this momentous inquiry which treats of intellectual cultivation, and for sound opinions on its use, and illustration of the bad effects of its abuse in early life, we cannot do better than again have recourse to Mr. Turner.

"Precocity in *moral* feelings," he observes, "may show itself in early life, and produce fruits calculated to excite surprise and admiration, as seen in Thirlwall, Malkin, Henry Kirke White, and others; but there are no such instances of precocity of *intellectual* power at a very early age, and, in many cases of subsequent eminence, education was long deferred. Alfred the Great learned his alphabet at twelve years of age; Molière could barely read and write at fourteen; Dr. Carter began his studies at nineteen; Valerianus learned to read at fifteen; and Sir Isaac Newton, according to his own statement, was inattentive to study, and ranked very low in the school till the age of twelve. At no period in the history of the world has there been apparent so eager an anxiety for mental culture and improvement as in the present day; but while we laud and encourage the efforts now in operation to elevate the character of man, by raising him to the highest attainable elevation of mental superiority, let us be wary of attempting to reach the pinnacle by any other road than that of physiology, lest we weaken the foundation on which it rests; for it is a philosophy as mischievous as unsound to consider mind distinct from that organism which maintains the body, and not to regard the intellectual faculties as dependent on the same physical and vital laws which regulate the phenomenon of life and all its functions during the period of development, acme, and decline of our material existence. Early over-strained mental culture may lead to precocity, and on that account is very seductive; and the judgment of parents is too often obscured by the halo which surrounds it. They appreciate the jewel, but neglect the security afforded by its casket. In condemning the practice of over-stretching the infant mind, it is not intended to underrate the advantages of education, but merely wished to render them more lasting, by preventing premature decay. The eagerness of some parents to see their children prodigies in intellectual acquirement, whilst in age they are infants, and in constitution delicate, is an evil of the greatest magnitude. If it feed a parent's vanity, it will also be sure to bring home its sorrow, and that too when least expected, and too late to stay the consequences of the error, too late to extinguish the destroying flame which that parent has himself fanned into existence. Moral training must begin in the nursery, under the auspices of the mother; but to cultivate intelligence at a very early age is to attempt the cultivation of a nonentity, the organs of intellectual manifestation being merely in a rudimental condition for some years after the birth of the child. The marked difference which exists between moral and intellectual culture must be thoroughly understood, in order to comprehend the principles of physiological education, or the training of the faculties in the order of their development—passing from the sensorial, and instinctive or moral faculties, to those of intelligence, which may be defined—the adapting influence of means to ends, and the power of attaining objects, and of applying them to the highest purposes of mental education. It rarely happens that an overfed body and an energetic brain are combined in the same individual; the powers of life are mainly centred in the one, to the injury of the other; and that which obtains in the mass obtains also in individual parts. Thus an organ of organic or vegetable life may be excited at the expense of another, and one faculty of the mind may be educated to the detriment of another. This may be explained by the fact of exciting partially the circulating system, which, if inordinate, will lead to mischief, manifesting itself in irritation of the brain, affecting the moral and intellectual character of the individual."

We shall conclude these observations by inserting two interesting communications on the bad effects of over-mental culture, one from Mr. Hunt, and the other from Mr. Dyson:—

"One case relates to a lady who had a large family. When her earlier children were young, she thought they could not receive instruction at too early an age, and consequently sent each of them to school as soon as they were able to walk there, and take care of themselves. One of these children became subject to epileptic fits, which injured her head at the time so much as to cause great uneasiness, and which for years endangered her life. Her relation and medical attendant attributed their accession of disease to excessive application which she voluntarily made to her studies. Another daughter who, for the astonishing progress she made, obtained the continual approbation of her instructress, had a similar attack; but all mental instruction was at once prohibited, and no further accession of alarming symptoms took place. From a conviction that excessive though voluntary application had caused each of their children's illnesses, Mrs. R. determined that her younger children should not in any manner be subjected to instruction until they attained their eighth year, and was gratified in the first instance by their much improved state of health during the earlier years; and was still more gratified to find, that, after being at school for a couple of years, these children were as fully advanced and more firmly grounded in knowledge than any of her other children when at the same age, although the elder ones had each been at school from the age of two and a half and three years. So impressed is Mrs. R. with the injuries to mind and body, of early culture, and with the advantages of late, that she declares, that, had she the management of a hundred children, she would not let the instruction of one of them commence at an

earlier period of life than she adopted with her younger children."

The other case is that of "a clever, lively girl, nine years of age, who suffered during the first year of her life from the convulsive affection called spasmodic croup, or crowing inspiration. She was thin, delicate, and pale, until the end of her third year. She then became strong, and healthy in complexion, and general appearance, although frequently suffering from affections of the head. She has always been very forward at school, and shown an evident tendency to precocity of intellect. The cerebral affection has usually been characterised by headache, flushed face, and intolerance of light; but these symptoms were frequently slight in degree, and their cause would probably have escaped observation, had not her parents been rendered anxious, by her suddenly waking from sound sleep, in a state of great alarm, crying out, or screaming; and, for some time afterwards, nothing could convince her that she did not see numerous objects, particularly faces, staring at her, and surrounding the bed. The symptoms have been easily relieved by medical treatment, but their frequent recurrence induced me to give particular attention to the progress of the case. Five years since, I became convinced, that irregular cerebral development was the cause of the affection; and subsequent observation has confirmed the correctness of this view. The essential part of the treatment has consisted in watching for the slightest indications of altered function. If she has appeared excited, if the eyes have looked heavy, or have seemed annoyed by light; if there has been the least headache, or flushing, starting during sleep, or restlessness, she has been at once kept from school, and from her books, for a week, a fortnight, or longer. Whenever this precaution has been adopted, the symptoms have soon subsided; and the alarm, and spectral appearances, have not occurred. But if, in consequence of thinking the slight symptoms of which she has complained too trifling to notice, a few days have been allowed to elapse, the more alarming symptoms have almost invariably followed. The parents, after repeated incredulity, at length became fully convinced of the propriety of the plan recommended, and now sufficiently understand the nature of the case, to conduct the treatment with advantage. The change for the better in her appearance is remarkable, and there is every probability of the morbid tendency becoming eventually entirely subdued. The convulsive state of the system is evidenced, not only by the occurrence of spasmodic croup during infancy, but also by the fact, that after one attack, she suffered from strabismus of the left eye, during several months, from which she has now perfectly recovered. It may be interesting to add, that three other children in the same family, died in consequence of sudden attacks of spasmodic croup, and that several of the other children have shown a decided convulsive tendency, and the mother has recently had a narrow escape from a severe cerebral affection."

REVIEWS.

Annuaire de Thérapeutique, de Matière Medicale, de Pharmacie, et de Toxicologie, pour 1844, *contenant le résumé des travaux therapeutiques et toxicologiques publiés in* 1843, *et les formules de medicaments nouveaux, suivi de recherches et d'experiences sur les contre poisons du sublimé corrosif, du plomb, du cuivre, et de l'arsenic, par MM. Bouchardat et Sandras.* Par le Dr. A. Bouchardat, Professeur agrègé de la faculté de médicine de Paris, &c. &c. Paris: Baillière, 1844. Small 8vo, pp. 304.

The author of the little work before us has published annually for the last four years a retrospective view of the discoveries and improvements which the science of materia medica had received during the preceding twelve months, accompanied with some original researches of his own. We purpose to extract any accounts of new medicines, or new formulæ, which may be interesting or useful to the practitioner.

OPIUM AND NARCOTICS.

The preparations of opium are the first remedies treated of; and the author commences with some ingenious speculations as to the physiological effects of the various substances which enter into its composition.

Morphia, he observes, is doubtless the principal active constituent of opium; and most nearly resembles it in its properties; but it must be remembered that their action is not identical. On the higher order of animals, indeed, the effects of opium and of morphia are almost the same; but not so in the case of the lower animals, on whom opium acts with three or four times as much energy as an equal quantity of the salts of morphia.

This difference is not to be attributed to the narcotine; for this substance, at least if pure, is almost inert.

Codeine seems to bear, in its properties, the same relation to morphia that brucine bears to strychnine, or cinchonine to quinine. It requires to be given in doses at least five times as large as morphia; and has proved extremely useful in cases of gastralgia, and spasmodic asthma, in which very small doses of morphia are of service.

If morphia, codeine, and narcotine, do not produce all the effects of the opium from which they are derived, it follows that the *complement* of its properties must be sought for either in some of the other proximate substances which have been extracted from it, such as the thebaine, meconine, and resin, or else in some other active principle which has yet eluded research. This principle, whatever it may be, must be of considerable activity, and is doubtless present in opium in considerable quantities, as shown by its effects on the lower animals when compared with morphia.

This unknown principle, too, does not act merely upon the central organs of the nervous system, but

upon the whole œconomy. It is probably analogous, says M. Bouchardat, to the acrid alkalies which have been extracted from the *chelidonium* and *glaucium*, and other genera of the order *papaveraceæ*.

We extract the two following formulæ, as we are never sorry to have a multitude of remedies for neuralgia:—

PILLS OF MORPHIA AND OF CYANIDE OF POTASSIUM. (ROUGIER.)

"Take of sulphate of morphia, fifteen centigrammes;
Cyanide of potassium, thirty centigrammes;
Mucilage, enough to make them into a mass, to be divided into twenty-four pills, of which one may be taken every six hours. The dose may be gradually increased to twelve pills daily.

NARCOTIC PILLS (BARTHEZ AND RILLIEZ).

"Take of extract of opium, extract of belladonna, of each twenty centigrammes;
Extract of lettuce, thirty centigrammes;
Powder of marshmallows, q. s. Let the mass be made into fourteen pills, one of which may be taken thrice daily, the dose being gradually increased." *

MM. Barthez and Rilliez administer these pills in cases of obstinate chorea, in children about ten years of age.

OPIATE PLASTER (SCHAEUFELLE).

A piece of thick, strong, black silk being stretched out, it is covered, by means of a brush, with three layers of a watery solution of opium. This solution should be made of the watery extract of opium, mixed with one-sixth of gum arabic, and with water enough to make it of the consistence of thick syrup. The plaster should be kept in a dry place. It affords a convenient means of keeping the skin constantly subjected to the influence of opium.

PROPHYLACTIC VIRTUES OF BELLADONNA AGAINST SCARLATINA.

A curious fact is mentioned, under the head of the solanaceous narcotics, in support of the supposed efficacy of belladonna as a preventive of scarlatina. A child was brought home from school ill with this fever, and M. de Lens caused all the family to take belladonna as a preventive, except one, the grandmother, and she was the only person who received the infection. The form and dose in which it is given for this purpose are as follows:—Fifteen centigrammes of the extract are dissolved in thirty grammes of distilled water, and of this two or three drops are given night and morning to infants one year old or under, three or four drops to children of two years, and so on progressively, so that the dose for an adult is fifteen drops. It appears that the reputation of this prophylactic course of treatment is pretty firmly established in France, and so much so in Germany that it has been frequently recommended by authority during violent epidemics. We doubt whether it is much in favor with English practitioners; but yet, as M. Bouchardat justly observes, it is attended with little trouble, and no possible harm, so that it would be well worth while to take the chance of its being useful. It may do good, too, as a *médicine morale*.

NAPHTHALINE.

We observe that *naphthaline*, one of the innumerable carburets of hydrogen obtained from tar, has been employed with advantage in the suffocative cough of old people—in the cases, in fact, in which ammonia, ammoniacum, and other stimulating expectorants, are used. As it appears to act as a local remedy, being diffused over and stimulating the membranes of the bronchi, it is considered best to administer it combined with gum, sugar, &c., in the form of linctus, syrup, or tablet, in order that it may be swallowed slowly, to ensure its operation upon the mucous membranes of the fauces.

DIGITALIS.

It is announced that the active principle of digitalis, *digitaline*, is discovered at length; it has been prepared in a pure state. It is, as might be expected, intensely bitter, and possesses a decided effect on the heart. The following formula for squill, digitalis, and iron, may be usefully imitated:—

PILLS OF SQUILL, DIGITALIS, AND IRON (CHOMEL).

"Take of powdered squill, powdered digitalis, of each two grammes;
Finely pulverised iron, four grammes. Mix, and divide into forty pills, from two to six of which may be taken daily, in cases of albuminuria with chlorosis."

IODIDE OF MERCURY AND POTASSIUM, OR IODHYDRARGYRATE OF THE IODIDE OF POTASSIUM.

This preparation is spoken of in high terms of praise by M. Bouchardat. It is prepared by mixing together equal parts of biniodide of mercury and of iodide of potassium, adding a sufficient quantity of distilled water to dissolve them. If this solution is carefully evaporated, yellow acicular crystals are procured; or if the solution is evaporated to dryness, it leaves a greenish-yellow deliquescent powder—the iodhydrargyrate of iodide of potassium. The following formulæ are recommended by M. Limousin-Lamothe, who has investigated the properties of this compound:—

Take of the iodhydrargyrate of iodide of potassium, eight decigrammes;
Distilled water, five hundred grammes.

The dose of this solution is from eight to sixty grammes during the twenty-four hours.

Pills.

Take of the iodhydrargyrate of iodide of potasssium, eight decigrammes;
Sugar of milk, one gramme five decigrammes. Divide into thirty-two pills, from one to eight to be taken daily.

* It may be as well to bring to the recollection of our readers that a gramme is 15·444 grains by weight; a centigramme, the 100th part of a gramme.

Ointment.

Take of the iodhydrargyrate of iodide of potassium, twenty grammes;
Lard, five hundred grammes.

Gargle.

Take of the iodhydrargyrate of iodide of potassium, one gramme;
Distilled water, one thousand grammes.

This preparation has been employed by M. Puche, at the Venereal Hospital at Paris, with the best results, in the tertiary symptoms of syphilis.

M. Recamier speaks highly of a combination of the iodide and chloride of mercury as an energetic discutient and antisyphilitic.

NITRATE OF SILVER.

M. Boudin employs a solution of this substance in the proportion of from five to fifteen centigrammes (7·7 to 3·3 grains) to 150 grammes (about 5·25 ounces) of distilled water, as an injection into the intestines, in cases of long-standing diarrhœa, with but little sensibility of the intestines. He believes that it is imbibed by the bowel, so that its action is extended far above the part to which it is immediately applied. Thus he thinks that it might act advantageously upon ulcerations of the intestine, even above the ileo-cœcal valve—in phthisis and typhus, for example.

INJECTIONS OF IODINE.

M. Velpeau has shown, by experiments on the lower animals, that a very dilute solution of iodine may be injected into the cellular tissue without danger or bad results. This has also been done sometimes by accident, in the operation for hydrocele, without any harm. He has, therefore, employed this method of treatment for nodes, ganglions of the wrist, and other encysted tumors. He has also used it in bronchocele; it has been employed by M. Bonnet, of Lyons, in chronic synovitis, and M. Velpeau now proposes to try it in spina-bifida, hydrothorax, and ascites.

ANTIPSORIC REMEDIES.

Various new modes of curing the itch appear from time to time; and if it be true that the thing needful is the destruction of the itch insect, it is probable that some remedy may be brought into general use which may be equally certain, and less noisome, than the common sulphur ointment. M. Dornblueth recommends a combination of two parts of common soap and one of powdered white hellebore, made into a paste with boiling water. This must be daily rubbed nto the parts affected, until the itching is succeeded by a burning sensation, after which daily ablutions and clean linen complete the cure.

M. Aubé declares that one friction with oil of turpentine effects a perfect cure; M. Cazenave says the same of a solution of iodine; and it is also stated that all essentials oils, especially those of anise and peppermint, possess the same properties.

DENTRIFICES.

It has been shown, by M. Mandl, that the tartar of the teeth is a kind of coral; that it consists of the *carapaces*, or earthy exuviæ of myriads of animalcules, which inhabit the mouth. The daily use of some aromatic tincture, such as a combination of camphor, pellitory, cloves, orange-peel, &c., is therefore a good plan of preventing the accumulation of the tartar, by destroying the animalcules.

METHOD OF ARRESTING HÆMORRHAGE FROM LEECH-BITES (BERTHOLD).

Cut a little piece of caoutchouc, about one line thick, and half an inch square; hold one surface of it to the flame of a candle till it becomes softened and melted; when it is cold rub it on blotting-paper, to make it smooth; then, having wiped off the blood, and compressed the bleeding point with the finger for a few minutes, apply the caoutchouc, and cover it with a strip of adhesive plaster. It should not be disturbed for some hours.

SYDENHAM'S TREATMENT OF SCALD HEAD REVIVED.

A family named Mahon enjoy an hereditary celebrity for the cure of this troublesome malady; the method which they employ consisting first of cutting the hair short, and softening the crusts with poultices or hog's lard, so as to remove them; and then using every other day a depilatory ointment or powder; a fine comb being passed through the hair on the alternate days, so as to remove the hair which has been loosened by the depilatory. The powder which they employ has been found by analysis to be entirely composed of the ashes of vegetables, and the ointment is made of this powder with hog's lard. Now this treatment is not peculiar to the MM. Mahon, for Sydenham used to recommend an ointment composed of equal parts of the oils of almonds and of bays, and of the ashes of wormwood, which was applied every morning, the head being covered with a pig's bladder. We perfectly well recollect seeing some children a short time since, who had been treated by a quack with an ointment evidently composed of hog's lard and potass, the head being directed to be covered with a bladder.

POISONING WITH ACONITE.

A man employed in one of the *pharmacies* in Lyons, swallowed by mistake some tincture of aconite, which he had prepared the same morning with equal parts of the fresh plant and of alcohol. He soon perceived the mistake he had committed, and some tartar emetic and ipecacuanha were administered, which caused copious and repeated vomiting.

Two hours and a half afterwards the patient was seized with a fit of convulsions, or rather of spasmodic rigidity; the arms and legs drawn in, the feet turned inwards, and the fingers forcibly clenched over the thumb into the palm of the hand; the face was covered with a cold clammy sweat, and no pulse

could be perceived in the radial and temporal arteries. This fit lasted three minutes; the patient retained his senses throughout, but now was perfectly blind. The fits were repeated at intervals during the following four or five hours; the surface was deadly cold, the countenance Hippocratic, the breathing oppressed and stertorous, and the arms quite insensible; the sight, however, was restored. After this, reaction was gradually established, and the next day the patient was pretty well. Emetics, purgatives, lavements, sinapisms, a weak solution of iodine and iodide of potassium, and subsequently stimulants, were the remedies employed. It is remarkable that this patient presented none of the delirium which is said to be caused by poisoning with this plant.

POISONING BY CORROSIVE SUBLIMATE, APPLIED TO THE SKIN BY MISTAKE.

We find that M. Bouchardat has quoted the following case from the "Bulletin de Thérapeutique," which we had marked for translation, but accidentally omitted.

A fat, healthy child, two years old, had some excoriations in the folds of the thighs, which its mother used to wash, and powder with lycopodium. One day, however, she took by mistake some impure corrosive sublimate in powder, and dusted it over the fold of the right groin, and the inside of the scrotum and thigh. The child soon began to cry violently, and in twenty minutes a brown eschar had formed in the fold of the groin, and the scrotum had swelled enormously and became œdematous. During the first twelve hours the child was three times immersed in a hot bath, an hour each time; and thirty-six hours after the accident it was taken to the Hôpital des Enfans, and placed under the care of M. Trousseau, for the local symptoms were now not the only cause of alarm. The gums were painful, red, and swelled, and covered with a white secretion; the breath was fœtid; in fact, severe ptyalism came on. The mucous membrane of the cheeks and the gums sloughed; the maxillary bones were denuded, and several incisor teeth fell out; the ulcerated surfaces bled profusely, and the little patient expired on the fifteenth day. The quantity of saliva could not be accurately judged of, as it was continually swallowed. M. Trousseau applied alum and dilute hydrochloric acid to the sloughing parts, and afterwards cauterised the bleeding points with nitric acid.

LITHONTRIPTIC REMEDIES.

M. Bouchardat gives at some length a report by MM. Gay-Lussac and Pelouze on the subject of those remedies, on which they have experimented for two years. They first give the result of their experiments on stones out of the body, submitted to solutions of the bicarbonated and pure alkalis, of borax, and of the acids, which are anything but encouraging; and then they observe respecting the internal administration of alkaline remedies, that although they do not profess to deny all the cases in which calculi have been reported to be dissolved, yet that they cannot help saying that those persons are laboring under a delusion who think that large calculi can be dissolved in a few weeks by these means. After hinting at the possible ill consequences which might arise from making the kidneys secrete alkaline urine during several months or years, they remark, that in a vast number of well authenticated cases, these medicines have only *changed the diathesis*, and caused a lithic calculus to be coated with phosphates; or, after a lithic calculus has been removed, they have caused it to be succeeded by a phosphatic one. Besides, it is well known that the addition of an alkali to certain organic matters causes the formation of an acid. [It is well known that oxalic acid is prepared by heating wood with lime; and Prout has pointed out the possible origin of oxalic calculi in the improper administration of alkalis.] M. Prunelle, the inspector of the Vichy springs, has remarked that several patients, after beginning an alkaline course, have passed an immense quantity of lithic gravel and sand, which must have been of recent formation, for it was far too much to have been merely deposited in the kidney. Their experience of the results of injections, or rather *irrigations* of the bladder, were likewise anything but encouraging; some uric calculi were softened by alkaline solutions, and one of the phosphatic variety was entirely dissolved by the dilute nitric acid after Sir B. Brodie's plan; but in most cases either the calculi remained untouched, or the patient was obliged to discontinue the treatment, through irritation of the bladder.

MM. Guy-Lussac and Pelouze state that they have not been able to detect the *hippuric acid* in the urine of persons to whom the benzoic acid was administered, as was asserted some time since by Mr. Ure; but they several times observed that the urine of persons who were submitted to the experiment had a pleasant alcoholic smell, and kept for several days without apparent change.

ANTIDOTES TO MINERAL POISONS.

The concluding pages of the work are occupied with an account of some experiments on dogs performed by MM. Bouchardat and Sandras, to determine the best antidotes to corrosive sublimate, salts of copper and of lead, and arsenic. The substances which they submitted to experiment were the hydrated persulphuret of iron, the hydrated peroxyde, the common carbonate, steel filings, zinc filings, and iron reduced to a metallic state by hydrogen gas. The object in each case is, of course, either to reduce the poison to the metallic state, in which it is inert, or else to enable it to form some compound which is inert.

They briefly state the results of their experiments as follows:—

1st. For corrosive sublimate, the following are antidotes:—Iron and zinc in powder mixed together; iron reduced by hydrogen; moist hydrated persulphuret of iron.

2nd. For salts of copper:—Powder of iron and zinc mixed; iron reduced by hydrogen; porphyrised (finely powdered) iron; zinc filings; hydrated persulphuret of iron.

3rd. For lead:—Moist hydrated persulphuret of iron.

4thly. For arsenic:—The moist hydrated persulphuret of iron; dry carbonate, or peroxyde of iron.

The *modus operandi* of these various antidotes will readily be seen. The metallic zinc and iron in powder act by reducing the poisons to the metallic state; and of the forms in which they may be given, the best seem to be either the iron reduced by hydrogen, from the extreme subtilty of its state of subdivision, or else the powder of iron and zinc combined, from their exerting some galvanic agency. For the same purpose Dr. Buckler had recommended a combination of equal parts of gold and iron in powder. A small proportion of corrosive sublimate being dissolved in water and mixed with this powder, and the solution then filtered, the liquid which passed through contained not a trace of mercury. The same is the case if the experiment be made with zinc and iron, instead of gold, although the decomposition is not so rapid.

The hydrated persulphuret of iron acts by converting the metals into a sulphuret, which is comparatively innocuous. It has the advantage of being itself harmless, which is not the case with the alkaline sulphurets that were formerly recommended. It is prepared by adding, drop by drop, a solution of sulphate of iron to a weak solution of sulphuret of potass. A black gelatinous precipitate is thus obtained, which is freed from all excess of sulphuret of potass by means of repeated washings and decantations, and which must be kept in a closely stoppered vessel. It must be noticed that the solution of iron must be dropped into the sulphuret, and not the sulphuret into the iron, else an oxyde of iron is formed, and the sulphur is precipitated. M. Bouchardat urges upon all *pharmaciens* the propriety of keeping this sulphuret ready prepared, since it is efficacious against the four most common metallic poisons. We agree with him as to the general expediency of administering a substance that will render a metallic poison inert, provided that at the same time the means of ejecting it from the stomach and intestines are not neglected.

We have thus given a rapid account of the chief practical points contained in M. Bouchardat's *annuaire*. There are many other topics of a higher order also treated of, such as the preparation of *conicine*, the active principle of conium, and the author's researches on the curious influence which vegetable alkalis have upon polarised light; but if any of our readers have time or inclination to pursue these subjects, we must refer them to the original work.

ACADEMY OF SCIENCES, PARIS.

February 12, 1844.

AFRICAN OPIUM.

M. Payen read a supplementary report on the opium forwarded for examination from Algiers. The products of two comparative analyses of African and Eastern opium were examined by a committee composed of MM. Payen, Boussingault, and Mirbel; the African opium yielded 10·75 per cent. of morphia. This result, says the reporter, induces the hope of obtaining from Africa a supply of opium of excellent quality, and furnishing as much morphia as the finest samples from Smyrna or India.

POISONING BY THE HYDROSULPHATE OF ANTIMONY (KERMES).

M. Bonjean read a note on this subject, of which the following are the conclusions:—

Kermes mineral, administered even in large doses, is not absorbed, as are the soluble preparations of antimony; and it seems probable that all the insoluble compounds of this metal are incapable of being absorbed.

In cases of poisoning by an insoluble preparation of antimony, we should seek the poison in the substance rejected from the stomach or contained in the intestinal canal; but we may fail to discover it if the patient have survived a few days. The best method of carbonising organic substances in which we suspect the presence of antimony, is to treat them simply with common sulphuric acid, deprived of any arsenic that it may contain.

ADDRESS OF THE COMMITTEE

FORMED AT THE LATE MEETING OF THE MEDICAL PROFESSION AT THE CROWN AND ANCHOR TAVERN.

We have received a copy of the above document, which emanates from the pen of Dr. Lynch, and contains a fair and vigorous statement of the injustice to which general practitioners are subjected by the College of Surgeons.

Of the new charter of the College, it observes, that it "introduces invidious distinctions between the members who were before equal, who had undergone the same curriculum of education, who had passed the same examination, and capriciously elevated over them a body of fellows without any additional test of merit, without any fixed standard of qualification, or without reference to age, station, attainment, or utility. * * * * It was granted without consulting the wishes of the great body, and at the instigation of men whose acts had estranged the respect and confidence of the members—who had for a series of years only consulted the instincts of their own interests—upon whose laws rapacity and peculation were strongly impressed—whose efforts were not directed to enhance the respectability of the general body, but to increase the amount of fees to themselves, their relations, and friends—who issued laws

so shamefully and obviously mercenary, that they were obliged to withdraw them when published—who for years refused to admit the certificate of provincial surgeons, whose field of observation and practice was greater than their own—who now refuse to recognise knowledge gained at the great hospitals on the continent, lest it should diminish the amount of money exacted at the hospitals of which they are officers; and lest any man, however great his ability, unconnected with those institutions, should seek to introduce a more liberal policy, or to oppose the system of extortion, they invariably pass over his name, and reject him from their council—who had invested themselves with all the attributes of arbitrary power—who had injured and insulted the members—who had treated us as slaves and aliens—who refuse to allow us a voice in the election of our officers, or in the management of our own property—of whom Mr. Lawrence, one of the council, declared that they had long shown themselves unworthy to preside over the science of surgery—who retain all the worst features of municipal corruption—who have destroyed emulation, and monopolised all the honors amongst men of very mediocre attainments, by the unjust system of favoritism and family influence which they have contrived, and thus abused the power entrusted to them by the Sovereign."

After commenting in severe terms on the pernicious influence of the present monopoly of hospital privileges in London by the College council, their sons, nephews, apprentices, and hangers-on, it observes, "Their requirement of certificates from recognised schools, of which they are proprietors—their sitting in judgment upon the competency of candidates for the diploma, who had feed and purchased their favor as pupils—have no parallel in the annals of corporate depravity. 'Show me any government,' said the illustrious Burke, 'and you see the proposed interest of the governed. Power constituted otherwise is a monster.' The submission of a free people to authority is no more than a compliance with the laws which they themselves have enacted. In medical corporations this principle is reversed; however absurd or oppressive their measures may be, we are compelled to submit without the power of protest or appeal. This charter, without removing the evils we suffer, adds to our injuries and indignities; it alters the position of every man who happens to be a member of the College. By raising the few to titles of at least nominal distinction, it conveys to the public the impression that the members constitute a subordinate class, are men of inferior education, attainments, and skill. This alone would be a legitimate ground of objection, and must prove a serious injury to members, especially those practising in the provinces. Already some of the institutions in the metropolis, following up the attack on the interest of the general practitioners, have given notice that in future no surgeon will be eligible who is not a fellow of the College."

Then speaking of the ignorance of the elder *pures* on subjects called *medical*, "the pures, confining themselves strictly to surgery, have placed themselves behind rather than in advance of the general practitioner. The more mechanical department of surgery, which the council wish to exalt by extraordinary privileges, is the lowest and least intellectual part of the science. Hunter wisely observed, that the triumph of surgery is to avert the necessity of an operation; and, as science advances, the number of operations diminishes. In point of general attainments, in extent of knowledge, in capability to be useful to the community, which ought to be the primary consideration with a parental legislature, the general practitioner is much superior to the pure surgeon. The claim of the pure to distinction implies, as well as admits, a lower degree of knowledge and utility in this utilitarian age; it must eventually subject him to well-merited ridicule and contempt. That this feeling is prevalent to the public is the fact that to the general practitioner are entrusted the lives and restoration to health of nine-tenth of the people of these realms, and that from their ranks arise the men who advance science. To the pure we willingly accord equality; we, in justice to ourselves, deny superiority.

"In this notable scheme of legislation, all who practise midwifery, the most indispensable and difficult branch of surgery, are excluded from the council; and discredit and degradation thrown upon all those who, from a residence in the country, or from a solicitude for the patient's welfare, refuse to allow them to be poisoned by the negligence or ignorance of chemist's boys. It also denies to talents or great proficiency any hope of distinction, if beyond a certain distance from Lincoln's Inn-fields; if Harvey lived at Brighton he could not be a member of the council. It would appear that they had discovered a geographical standard for genius, and that mind can be measured by mileage."

"If the council were elected by the whole body of members," it continues, "the council and members would form one powerful body acting in unison for the common good. The feelings of the members, now diverted from the College, would be concentrated towards it; they would join in measures for its advancement, and in defending it against attacks, which, if made, would be then few and feeble. Honorable ambition would be encouraged, and those who work for the profession would replace those who do nothing for science. The College is no *Alma Mater* to the member; he may long for its honors, but they are beyond his grasp; he feels that no industry, no exertion, can place them within his reach. The pretext assigned is unjust as it is false, viz, that the election of the council would cause tumult and confusion. The same argument applies to parliamentary representation. Every burgess, who pays five pounds annually in every corporation in Great Britain, is entitled to this principle; it is one of the proud legacies of our Saxon laws. When Sir James Graham recently gave a charter to the chemists of England, he gave not merely the right, but annual election of its councillors, to all its members, and that twenty-one of the council may be selected from every part of this country and its colonies. On reference to its secretary we find, that the system works well and harmoniously, and the utmost confidence prevails between the council and its members, and that no confusion or trouble is occasioned at the period of election, save the return of balloting-papers nominating the council. The same principle is employed in the medical societies, in the Royal Society, in the East India Company,

and in all the clubs. It is the very essence and vitality of self-government. To withhold it constitutes a just cause of grievance and discontent. The same arguments that are used against universal suffrage in the political will not apply in the medical world. We are not a mob, but a well-educated body of men, whose avocations make us reflective, and place us beyond the reach of designing men, and of unworthy impulses. We therefore demand it as a right. We have devoted our lives to the welfare of society. We are the worst paid, the least privileged, at the same time the most indispensable of all the learned professions; yet we present the singular anomaly, that in a ratio with our utility and attainments are we degraded, dishonored, and deemed undeserving of self-government.

"Our wrongs have never been sufficiently known or brought under the public eye. It will be our duty to urge them on the notice of members of Parliament, and the public. They will be surprised to learn that there are nineteen graduating bodies differing widely from each other in their requirements of qualifications from candidates, as well as in their power of conferring titles to practise. Not one having the power to give authority to practise in all the branches of medicine, or to protect the public from the danger and loss of life consequent on reckless ignorance and empiricism; that instead of being beneficial to the public or to the profession, they have a directly opposite effect. They are marts for the sale of diplomas, pieces of machinery subservient to the purposes of sordid self-interest, usurped by the few to the injury of the many. If such corrupt bodies cannot be abolished, we would insist at least, as a protection for the public, that the examination of each should embrace the whole range of medical practice, the license should be uniform, and confer a right to practise medicine in every part of the British empire.

"And that the poor, as well as the rich, should be provided with competent advice in the hour of suffering. It is not generally known that any man can set up and practise as a surgeon. There is no law to prevent him, or to protect the public from the danger of imposition, or loss of life or injury from his ignorance, or the regularly educated professional man from competition with such pretenders. If the council of the College had performed their duty, which they professed to hold in trust for the public and the profession, legislative enactments would long ere this have put an end to the evil. Pilots, who have proved their competency before the Trinity board, are provided to steer our vessels through the dangers of our coast; even the engineers on our railways are required to give evidence of a knowledge of their avocation. Every precaution is taken to ensure the safety of property in this country; but life, which ought to be dearer than all, is left at the mercy of every quack who thinks proper to pursue a lucrative trade at the expense of the happiness and safety of the community."

It concludes with an observation equally just and temperate. "We war not with existing institutions —we seek not to overthrow them, but to make them revert to the original intentions of their founders, and to place them under the control of professional opinion." A great aggregate meeting of the profession, we are informed, will probably be held in London early next month. We will reiterate the advice which we gave in one of our recent Numbers, namely, to eschew the assistance of veteran grumblers, and to ensure, if possible, the co-operation of the more distinguished provincial surgeons, who are themselves general practitioners, and whose exclusion from the honors of the College must seem, even to the most careless and ill-informed layman, a far more glaring piece of injustice than the formation of distinct grades amongst the practitioners in London.

SPECIALITIES IN MEDICINE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A correspondent, who very unnecessarily calls himself "One of the Old School," has made some observations, in the current number of your Journal, on the novel (?) practice of forming new institutions for various kinds of diseases. Your correspondent commences by sheltering himself under one of your own editorial remarks, and then he writes as follows:—"For my part, I see no greater difficulty in a good surgeon being a good accoucheur also, than I do in his playing well on the flute. There is nothing in the art of a dentist, as far as it relates to stopping, scaling, and pulling out teeth, that may not be as easily learned by the general practitioner as the art of counting all the trumps at whist; the stethoscope is surely as easily acquired as a knowledge of horseflesh." This is a very funny statement, but, unfortunately, it is not true. It is *not* as easy to become an accoucheur as to play the flute; any man blessed with fingers and a tympanum (which are exceedingly common appendages) may do the latter; but the former has, before now, daunted many a stout heart, and caused the strongest mind to shrink at the task. It is *not* as easy to become a dentist as to play a rubber at whist. The one can be seen pretty well accomplished at any pot-house; the other often requires more tact and dexterity than is to be found in many of the disciples either of the "old" or new schools. It is *not* true that a knowledge of the stethoscope is as easily acquired as a knowledge of horseflesh. One may be met with in most of the jockeys and blacklegs of a country fair; the other was avowedly not completely acquired even by its illustrious and immortal discoverer himself. Every one of these arguments is not only *not true*, but glaringly and stupidly false, which your correspondent of the "old school" might have known, if he had ever given as much attention to his profession as he appears to have done to his amusements. "It would be very inconvenient," he adds, "in this part of the country, if a separate doctor were to be called in for the eye and stomach, one to pull out a tooth, and another to syringe the ears; and I am sure a man with ordinary pains might do them all *decently*." Why, who doubts it? But may I suggest to your correspondent that most medical men aim at something more than practising their profession "decently," and most patients, too, are in the habit, in *this* part of the country, of expecting

from their medical man more than a mere *decent* performance of his duties.

"The point I am driving at," says your correspondent, "is the setting up fresh dispensaries and infirmaries every day;" which, however, from the subsequent observations, we find is precisely the point he is *not* driving at. He asserts that such institutions are good neither for the profession, the pupils, nor the poor; in all which particulars I have the misfortune to differ from him, and for the very reasons which he himself has adduced. He says, "I have observed that when individuals have become famous in any particular department, it has been from an inward impulse, which incited them to the investigation." So have I, and so has every one, observed the same thing; and hence, to allow such individuals to follow out this particular bent of the mind, will undoubtedly be most philosophical, and most agreeable to themselves. It will be most beneficial to their pupils, because they will be likely, on that particular subject, to obtain the most accurate information; and it will be a benefit to the poor, because they will of necessity have brought to the treatment of their cases that amount of knowledge which industrious and patient research can alone secure. "Nemo mortalium omnibus horis sapit." It is as unreasonable to expect that all medical men should be equally conversant with every form of disease, or equally expert in every branch and department of their art, as it would be to expect that all men should be alike skilled in flute-playing, trump-counting, or horse-jockeying.

Nay, I doubt not that if your correspondent was himself going to ask a second opinion in any case, he would never fail to apply to one whom he knew to have devoted most attention to the subject.

But the strongest reason why I differ from your correspondent, as to the necessity for new medical institutions, is also to be found in his own argument. "My nephew," says he, "was a pupil at St. George's, and he never saw a venereal case there." Why? Not because the Lock, just below, lured all such cases away, but because there is a standing order against their admission into the larger hospital. This order also extends to many other diseases, and as long as any such order is permitted to remain on the books, so long must there be an *absolute demand* for separate institutions.

"Banish certain kinds of disease to separate hospitals," says your correspondent, "and I fear they will be neglected in the general hospitals." But I take leave to say that it is because they *are* neglected in and banished from the *general* hospitals, that they are obliged to take refuge in separate ones. If the existing hospitals and infirmaries were what they professed to be, "general," then would there be small occasion for any others; but it is because they are *not* general that there is a positive necessity for institutions to take cognizance of the diseases the others exclude. There are, of course, some maladies, such as fever, small-pox, various contagious diseases, and lunacy, which would always, from their very nature, require distinct asylums (although your correspondent, in his paroxysm of hospital-phobia, classes them altogether, and seems to think them perfectly useless); but the same argument cannot be made to apply to some of the diseases which are now shut out from participating in the benefits of the large medical charities. Take, for example, consumption. Why is it that a disease, under which so large a number of our fellow-creatures are suffering, should be debarred admission into nearly every large hospital in the kingdom? "Oh!" it is answered, "because they are such long, tedious cases." Pshaw! it is for no such reason. If the patient was one that required his aorta tying, or wanted half his face removing, or was about to undergo any grand operation of surgery—if there was anything in his case that called for a brilliant display of dexterity, or a dazzling flourish of surgical instruments—we should hear nothing about the length or tediousness of the case, but the unfortunate patient would be almost thanked for honoring the institution with his company; but a man in consumption is quite another character. He is turned back to his wretched, ill-drained, ill-ventilated hovel, to suffer, waste, and die, without the hand of Charity being extended to save him. No wonder that *that* disease is the opprobrium of our art, and no wonder that separate institutions should be called for; but to me *it is* a wonder that, with such a state of things staring him in the face, any man could so far forget his better nature as to attempt to throw ridicule on the honest exertions of those who are endeavouring to remedy the evil. For my own part, I have no hesitation in saying that such an exclusion of a disease, so important, because so general, and so fatal as the one I have adduced merely for example, is a libel on the name of charity, a fraud on the public, and an incalculable injustice to the poor.

Again, I entirely differ from your correspondent in his notions of the arrangement of disease in hospital wards. He says, "When I was a student, I used to find it an advantage to see a sprinkling of most diseases in the wards of the hospital I attended, and the physicians and surgeons did not appear perplexed by the variety." Now, I believe that far too little attention is paid to the classification of diseases in the wards of our hospitals. I believe it would be a great advantage if all the cases of a like nature were brought as close together as possible, so that the different phases assumed by each disease could be well marked and contrasted; instead of which, it is no uncommon thing to see a ward with twelve patients all laboring under dissimilar affections. Such a practice, although it may not confuse or perplex the physicians and surgeons, cannot fail to do both the one and the other with inexperienced students, who are only *learning* the character of disease. Such a plan can only succeed where the object of the student is to get a dangerous smattering of everything, without being perfect in *one*.

The insinuation that "*gentlemen* endeavour to *get up* new institutions for their own benefit," requires no further remark than that your correspondent does not quite comprehend the *mens conscia recti* which *gentlemen* pride themselves in. The names of the medical officers attached to the institutions for particular diseases in the metropolis are at once a guarantee for their usefulness, and a refutation of the silly charges of those who wantonly libel them. If any of them *have* exerted themselves in raising the institutions to which they are attached, it is to their lasting honor

that they have done so; and I cannot better conclude my notice of your correspondent of the "old school" than by exhorting *him* to *go and do likewise*. Assured that the importance of the subject will be my best apology for trespassing on you,

I remain, Gentlemen,
Your obedient servant,
SAMUEL FLOOD.

Leeds, Feb. 14, 1844.

LETTER FROM DR. LEE ON THE BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I am very glad to find that my letter has called the attention of others to the subject of our Benevolent Fund; and the more frequently it is brought into notice the greater is the probability of ultimate success.

No one would be more sorry to see the Benevolent Fund "rendered obnoxious to any member" than myself; and I quite agree with Dr. Heygate "that compulsory benevolence always works badly." Reverse the picture, and let us examine the effects of voluntary benevolence, and what is the melancholy truth? why, that in an Association of at least sixteen hundred members, the annual subscriptions do not reach £140, and Mr. Phenè observes with regret, that he only received twenty-five answers to nearly two hundred applications. What, then, is to be done? My proposal of an additional 4s. would be hardly felt by him who pays it; yet this alone would produce £350 per annum; and I think Dr. Cowan's, of 9s., would be seriously felt by many. After all, when the subscription had been established a year or two, it would cease to be even thought compulsory, but would be considered the usual subscription of the Association.

I am decidedly of opinion that district branches will never effect the amount of good their benevolent projectors contemplate. Our strength lies in union. A district branch can do but little towards the attainment of so god-like an object as our Benevolent Fund is intended to promote. Look at the number of applicants, and how small a portion of aid to each such district, though well meant, charity will yield. God forbid, that I should wish to check any spirit of "fervent charity" that finds delight in shedding consolation o'er the sorrows of others; rather would I urge ought this we to have done, but not at the same time to leave our assistance to the general fund undone.

Dr. Inglis is "glad to think that every member is not called upon to do likewise." I can only say that I should be glad to find that every member did feel himself *individually* called upon, and that he did go and do likewise; then, and not till then, will our Benevolent Fund become a component part of our Association, and not be considered as an "after growth."

I am, Gentlemen,
Your very obedient servant,
JOHN LEE, M.D.

Market Bosworth, Feb. 6, 1844.

MEDICAL OFFICERS AND POOR-LAW UNIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Your constant efforts to ameliorate the conditions imposed on medical officers of poor-unions has, I know, called forth the warmest commendations of our brethren in this neighbourhood, who, like myself, are placed at the tender mercy of guardians, assistant overseers, and relieving officers; and as some of your professional as well as non-professional readers may not be aware how things are managed here (I omit the name for particular reasons), I will, with your permission, give you a few more "Rough Notes for Lord Ashley." I must premise my remarks by stating that I have held the appointment of medical officer nearly four years—that the district consists of three townships, having an area of 8,754 acres, and a population of nearly 11,000 inhabitants; the townships are intersected by a portion of another union, which make the extremes of the district in one direction seven, and in the other five miles. The guardians in this union pay upon the "per case" system, at the rate of six shillings for each case of disease, and ninepence for each successful case of vaccination. The medical orders, sent by the *worthies* entrusted with the power of granting them, are generally for cases of a very serious nature, and frequently not given until after repeated applications have been made, and when the patient is in a dying state, or the disease so far advanced as to render the duties of the medical officer far more onerous, and the patient's sufferings far greater than they otherwise would have been, if the first application had received proper attention. Another grievance of which I loudly complain is this: the relieving officer, on paying my quarter's salary some time ago, stated, upon my complaining of the paucity of orders, that if I would conform to the plan adopted by Mr. B., of paying him 10 per cent. out of the money received, the number of orders should be doubled. I refused to submit to so gross an imposition, and the pauper, when making application for a medical order, is now not unfrequently dismissed with a shilling, and advised to go to a druggist.

As far as my observations have allowed me to judge, I have formed the following opinions, but I am aware they are crude. Some of your numerous readers may be induced to give them more attention, and let Lord Ashley, in his philanthropic efforts to benefit the poor, have the advantage of them.

That the resident clergyman or minister in any town or village should have the power of giving an order for medical relief, in the case of any permanent or casual pauper who might come under his observation.

That a graduated scale of payment should be made, so as to place a medical man living in the country, and having three, four, or five miles to ride to see his patient, on an equality with his brethren in a town, who can visit a dozen patients in the same time the country practitioner requires to see one.

That all union surgeons, when elected, should have a certainty of tenure during such time as they perform the duties of their office to the satisfaction of the guardians; and that before any complaint against the

medical officer can be entered into by the board, he shall receive due notice, and thus be prepared to meet his accuser, that accuser generally being a relieving officer, eager to displace the surgeon, because he will not comply with his rascally demands, and pay him 5, 10, or 20 per cent. out of his hard earned salary.

That the order given should be quashed upon the recovery of the patient, and be renewed at least every three months, for cases requiring constant attention, although of an incurable nature, and not for an order given, say on the 26th of March (the commencement of the poor-law year), to be held sufficient for twelve months, during which the patient may have two or three attacks of disease. This remark will only apply to unions on the "per case" system.

That it should be compulsory on all boards of guardians, before sending what are termed able-bodied paupers to the "stone-yard," "the roads," or other task labor, to submit them to medical inspection, from whom a certificate ought to be obtained.

In the eyes of the thinking part of the community it must appear monstrous that men, having received an enlightened education, whose position in society should enable them to associate with the aristocracy of the country, should be, in any way or shape whatever, under or dependant on men of such a stamp as relieving officers in general are. There are, no doubt, honorable exceptions, but "they are like angels' visits, few and far between." Trusting that the "medical reform" so long talked of, may, when it takes place, confer on the profession such a boon as to relieve them from some of the *miseries* they are now subject to,

I am, Gentlemen,
Your obedient servant,
PHILO.

——, Yorkshire, Feb. 5, 1844.

RETROSPECT
OF THE
MEDICAL SCIENCES.

CASE OF FOREIGN BODY IN THE AIR PASSAGES.

At a meeting of the Surgical Society of Ireland, on January 28, Dr. Houston communicated the following case of foreign body in the air passages:—Dolly Kelly, a healthy country girl, aged sixteen, recommended by Dr. Nicholson, of Rathdrum, was admitted into the City of Dublin Hospital on March 15, 1841. About a month before admission, while holding a piece of stick in her mouth, she laughed suddenly at some observation made by a companion, when the stick passed backwards, and she was seized instantly with a severe fit of coughing, which lasted for upwards of an hour. She thought she had swallowed it, and had a feeling as if it was sticking in the upper part of the throat. Pressure there caused pain. She soon became a little hoarse, and had repeated fits of coughing, which were brought on especially by stooping or turning her body much to one side. For a week symptoms continued much in this state, but she told no one of what had happened, expecting to cough up the foreign body. At the expiration of this time the sensation of pain had ceased to be felt high up, and was now complained of as existing at the upper part of the sternum, leading her to think that the body had passed further downwards. Now, too, for the first time, her expectoration was streaked with blood. Her voice, during the second week, became quite inaudible from hoarseness. By a liniment and some medicines, the hoarseness was removed. A probang and an emetic satisfied her medical attendants that the foreign body was not located either in the pharynx or œsophagus.

When questioned regarding the piece of wood, she described it as having been about an inch long, very hard and black, about the thickness of a straw, and with a head flattened sideways. She could give no further account of it than that she found it on the floor, and not knowing either its name or its use, not having seen its like before, she put it into her mouth, as a safe and ready place of keeping, until she could make inquiry about it; and while thus held in her mouth, the accident, as above described, happened.

Symptoms on admission into Hospital. — Voice feeble and hoarse — very hoarse on attempting to speak loud, but clear and silvery when speaking low; cough frequent, and sometimes attended with pain, as if from a pin sticking in the throat. This pain is produced also by suddenly turning the head to one side or stooping; but there is no pain on pressure anywhere in the neck. She gets fits of coughing in bed at nights, much more distressing than those which come on in the day time, and accompanied with a croup in inspiration. Tracheal râles, rough, sibilous, and mucous, and the slightest effort produces much aggravation of intensity in these sounds; the chest clear on percussion, and equally so on both sides; the respiratory murmur scarcely audible from loudness of tracheal sounds; however, when the breathing is easy, both mucous and sonorous râles are audible on both sides, and without an appreciable difference in degree in one side as compared with the other. Stooping, conversing, or anything that hurries the respiration, brings on paroxysms of croupy cough, during which respiration is suspended, the face flushed, the eyes suffused with tears, and the veins of the neck distended. Suffocation then appears imminent, and yet all this distress is at once relieved by swallowing a sup of any liquid; the mode of relief she always flies to in such emergency.

The girl is healthy in every other respect, and has never had hysterical or other nervous symptoms.

Her story is so clear and circumstantial that there can be no doubt of its candour and veracity.

May 19. I performed the operation of tracheotomy, regarding which it is unnecessary for me here to state further than that, having arrived at, and laid bare, the trachea, I lifted up the forepart of that tube, by means of a tenaculum stuck into it, and cut out a square piece of the breadth of two rings with a pair of strong scissors. The act did not occupy a minute of time.

A violent struggle in respiration attended on this proceeding, and, on the instant of its completion, a gush of frothy mucus, tinged with blood, was expectorated with force from the wound and at the mouth, but no stick presented itself in either direction. After

two or three fits of coughing of this kind, the breathing became more than usually calm and free; so much so, indeed, that the patient felt assured that the offending body had been got rid of in some way. A flexible metallic sound was introduced into the wound, and pushed thence upwards through the rima glottidis, and downwards, as far as it would go, towards the lungs, and turned and moved in different ways, so as, if possible, to detect by the touch the piece of wood; but nothing of the kind could anywhere be felt. In the course of the evening a similar examination was again made with a gum-elastic bougie, but with no better result. There was still some cough, but the fits were neither so prolonged nor so severe. It was a subject of remark by all present that, in the introduction of these sounding instruments, there was a complete absence of excitement when they were pushed forwards through the larynx, whereas violent paroxysms of coughing were produced by every attempt at pushing them in the opposite direction, and this to such a degree that, had the discovery of the foreign body in the bronchial tubes rendered justifiable or necessary the introduction of a forceps for its extraction, the attempt must, from this circumstance, have failed. The wound was then simply protected by a piece of lint laid loosely on it.

20. A good deal of irritative cough; little fever; no dyspnœa.

21. Slept well; tracheal râles still present, but less marked; some mucous expectoration; but no feeling whatever of the presence of the foreign body.

22. Wound suppurating, and still open.

28. Little cough; orifice of wound closing; all the expectoration comes through the mouth.

30. Feels quite relieved of all the symptoms; wound nearly closed.

July 4 (fifteenth day). All the symptoms revived, and even worse than they had been since admission into the hospital—the consequence of exposure to cold while sitting in the garden yesterday evening. The symptoms, now, are more like those of laryngitis than of inflammation of the trachea—so much so that some of the medical gentlemen in consultation feel disposed to regard the affection as one which now is, and from the first had been, one of laryngitis simply.

Acting on this presumption, and to give the girl the chance of being bettered by a course of treatment applicable to laryngitis, she had leeches applied to the throat, and was mercurialised and blistered.

12. All well again; the voice clear, but the breathing and cough raucous.

25. Again, during a fit of laughter, the patient was on the instant attacked with a paroxysm of coughing, which lasted for about half an hour, and during which the expectoration was pretty abundant, and streaked with blood.

24. No bad effects remaining from the attack of yesterday; wound quite healed.

Aug. 2. Has recovered her voice, is free from cough, pain, or abnormal râles of any kind, and feels nearly as well as she was before the accident. Being myself about to leave home for a short time, and seeing no present object to be gained by keeping the girl in hospital, I permitted her to return to the country, acquainting my friend Dr. Nicholson at the same time of all the circumstances of the case, and requesting of him to inform me of the issue of it. The result has been the transmission to me, by him, of the piece of wood, which the poor girl threw up during a fit of coughing, in which she was nearly suffocated, in about three weeks after her return to the country. It is the peg of a child's fiddle, perfect and unbroken, and corresponding accurately to the form of the stick as described by the girl when giving an account of the accident which had happened to her.

After the expectoration of the offending body, all pectoral distress ceased, and the girl regained her wonted health and strength.

Observations.—The diagnosis in this case, although embarrassed by the want of accurate information regarding the size and form of the piece of wood, was, nevertheless, sufficiently obvious to justify the attempt at relief by operation.

The healthy condition of the girl; her assurance of having, as she thought, swallowed a piece of stick, of which she gave a very accurate description; the fits of coughing and dyspnœa which supervened on the instant of the accident; the tinging the sputa with blood; the hoarseness; the presence of mucous and sibilous râles in the trachea; the obtuse pain opposite the cartilage of the second rib; the stings of pain felt in certain movements of the neck and back; and the persistency of these distressing symptoms ever since their first aggression, together with the assurances derived from pressure and the use of the probang and emetics that the foreign body was not located in the pharynx, or œsophagus—all, left little room for doubt that it had passed from the mouth into the windpipe, carried by the air, inspired with suddenness and force during the fit of laughter to which she had traced her sufferings.

It was the history and general symptoms of the case that led to such a conclusion, rather than the signs furnished by auscultation and percussion, which latter, it will be observed, were only those indicative of thickening, with morbid secretion and occasional spasm, of some part of the lining membrane of the tube, viz., mucous râles, with stridulous, croupy breathing. The most detailed and patient examination could not detect any difference in the amount or character of the vesicular murmur in one lung, as compared with that in the other.

COME'S ARSENICAL PASTE.

M. Souberbielle has published the mode of preparing the arsenical paste of *frère* Come, his master and relative. It is thus made: Take of

White arsenic, six grains;
Cinnabar, thirty grains;
Calcined sponge, fifteen grains. Pulverise and mix them together.

When the surgeon is about to use this caustic, he converts this powder into a paste by moistening it with water; it is then applied lightly, and in small quantity, with a brush over the ulcerated surfaces, and the whole is covered with a bit of thin, moist agaric. The latter falls off in from ten to thirty days, when the paste must be reapplied, should any new fungous growths appear. The quantity used at any one application should be small, to avoid the danger of absorption.—*Journal de Médecine.*

PURULENT DISCHARGE FROM THE EAR.

In cases of chronic external otitis, accompanied by discharge of pus, Professor Berard recommends the following treatment:—

1. Remove any accumulated mucus from the external auditory passage by simple injections of tepid water.

2. Inject, thrice a-day, a decoction of the leaves of the walnut tree, and let the patient drink three cups daily of an infusion of the same leaf.

3. Purge occasionally with the sulphate of magnesia, and let the diet be nutritious.—*Ibid.*

MEMBERS OF THE COLLEGE AND HALL DESERVE EQUAL PRIVILEGES WITH EXOTIC M.D's.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I was rather surprised, upon reading a letter written by "Medicus," in the last number of your Journal, to find that although he named the graduates of Edinburgh, Dublin, Glasgow, Paris, and Berlin, as being in every way deserving of public confidence, and called upon them to exert their influence against any encroachment that the projected new charter of the London College of Physicians might make upon their privileges, yet that he excluded those who have graduated in the universities of Aberdeen and St. Andrew's, thus leading to the supposition that these latter universities are inferior to those other more favored dispensers of medical honors. Myself a graduate of none, I have no personal interest in defending either, but I hate monopoly of all kinds. These two universities have each an undisputed right to grant degrees in medicine; the course of study required of candidates for their diploma is quite as extended, and their examinations quite as stringent, as at *least* any of the other *Scottish* or *Irish* universities; and, therefore, I cannot in justice see why their graduates should not have, in every respect, the same privileges conceded to them, and equally possess the esteem and confidence of the public.

It is far from my intention to discuss the propriety or impropriety of palming the bantlings of these several universities upon the public as the legitimate offspring of the London College of Physicians. It is more than possible that, as I studied some time in the north, not three winters ago, I may undervalue the examinations for medical degrees given at some of these universities; but of this I am sure, that if the examination submitted to candidates for the degree of Doctor of Medicine, at either of the universities of Aberdeen or St. Andrew's, is not more strict (by this I mean more difficult) than the one usually given at *one* of the above specified universities, we may cease to wonder at the number of M.D.'s which are let loose upon society, as that honorable title is far more easily attainable than the less pretending but far more creditable diplomas of the London College of Surgeons and the Society of Apothecaries; and the members of these bodies have, I imagine, an equal right to seek admission into the fostering bosom of the *Alma Mater* in Pall-mall as graduates of such a university.

I am, Gentlemen,

Your obedient servant,

A LICENTIATE OF THE HALL, &c.

Feb. 21, 1844.

MEDICAL INTELLIGENCE.

The Prussian government is about to establish a children's hospital at Berlin, under the direction of Drs. Schaitzer and Levinstein.

The minister of public instruction in France contemplates, it is said, the creation of a professorship of medical jurisprudence in the School of Law.

Our respected contemporary, the "Gazette Médicale de Paris," informs its readers that the late meeting of the British Association was held at *Bosk* in Ireland.

Dr. Fournier, the author of a well known work on diseases of the chest, has recently fallen a victim to pulmonary consumption; he died a short time since in Italy.

Dr. West, another young physician, much esteemed in Paris, has terminated his existence by suicide. He divided the femoral artery.

TO CORRESPONDENTS.

*** *It is requested that letters and communications may be addressed to Dr. Hennis Green, 58, Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.*

A correspondent requests our opinion on the following case:—"Suppose a medical officer, attached to an union under the poor-law commissioners, be, by the relieving officer, requested to attend a midwifery patient, and the medical officer has several times visited the patient, and, after two days' attendance, another medical gentleman (without the knowledge of the medical officer of the union) be, by the friends of the pauper, called in, should you or not consider the medical officer of the union, under such circumstances, obliged (as far as the poor-law medical regulations interfere) to continue his attendance?—[We are decidedly of opinion that the union medical officer should not resign the charge of any pauper committed to his care until the proper authorities direct him to do so.]

We are glad to find that the "Medical Student's Guide and Almanac," which we recently noticed, has been extensively patronised by members of the Association. This is but a fair return to the publisher for much unrequited labor in their service.

P. S.—We intend to notice the work next week.

Mr. Humpage's reply to Dr. Ashburner, and the letter from *A Member*, shall appear next week.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 179.] LONDON, SATURDAY, MARCH 2, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CASES OF CARCINOMA OF THE EYE, WITH REMARKS.

By John Windsor, Esq., F.L.S.,
Surgeon to the Manchester Eye Hospital.

[*Read before the Manchester Medical Society, February 7*, 1844.]

Gentlemen,—I have been induced to communicate the following cases, with a few remarks appended, to the consideration of the society, as they appeared to me somewhat calculated to exhibit or confirm the propriety of the earliest attention of the surgeon being directed to a very important form of disease.

I have no intention of, nor indeed, materials for, entering upon an inquiry into the nature of carcinomatous affections in general, the various types they assume, the parts they are most disposed to attack, or the most approved modes of combating them as they develop themselves. My aim on the present occasion is simply, and I fear very imperfectly, to describe one form of malignant disease or carcinoma, as it occurs in the human eye.

The first case I wish to relate, illustrative of this affection, occurred in the person of Elizabeth Wrigley, aged sixty-one years, and residing near Oldham. She followed no business, but only attended to her household affairs. She was admitted an out-patient of the Manchester Eye Hospital, August 20, 1839. Her general appearance was somewhat cachectic, and she appeared to be of a very timid disposition. A tumor, about the bulk of a large pea or small hazel-nut, projected from the conjunctiva, in the situation of the caruncula lachrymalis and valvula semilunaris. She first perceived it, as a small speck, about four months ago, and it has since gradually increased to the size above mentioned. She was at this time merely directed to bathe the eye frequently with the alum collyrium, to apply a little zinc ointment at bed-time to the edges of the palpebræ, and to take a purgative pill occasionally.

Sept. 7. She again presented herself at the hospital, and, as the tumor appeared rather enlarging, I thought it best to excise it, which I endeavoured to do as effectually as possible. She was desired to drop upon the eye a little olive oil three or four times a-day, to bathe it with the lead lotion, and to continue her pills occasionally. On examining the small tumor removed, it was found to be of a firm texture, and reddish color.

10. The eye appears to be doing well, and is not inflamed.

The next note does not appear until 1840.

July 10. The tumor of the ocular conjunctiva reappeared a week or two after the excision. Escharotics, as cupri sulphas, argenti nitras, and once potassa fusa, were occasionally applied, but, being of a highly timid and nervous habit, she bore them badly. The tumor, extending along the whole upper part of the conjunctiva, was again excised, as much as it well could be, and then the surface was touched with the nitrate of silver. In a few weeks it again reappeared, gradually extending over and obscuring the cornea and the whole anterior surface of the eye, projecting now, indeed, from the orbit, a little over the upper part of the cheek. An enlarged gland is now distinctly felt on the face, just anterior to the ear of the affected side. Her general health seems more enfeebled, but nothing prominently wrong in it has yet been perceived. To continue her medicines.

Nov. 9. As she had not been lately able to visit the hospital, I went over to the neighbourhood of Oldham to see her. I found her in a state which forbade any hope of relief from the operation of extirpation of the eye-ball—an operation often proposed to her in the earlier period of her disease, but always declined. She was very weak and emaciated; her lower extremities œdematous; she was altogether much worse, and evidently sinking. The tumor was now about the bulk of a moderate sized apple, but divided, as it were, into two lobes, by an intervening fissure, the larger lobe towards the temporal, and the smaller one towards the nasal, side; no trace of eye now visible; the surrounding integument, especially towards the nose, was contaminated, being thickened, somewhat tuberculated, and discolored; the enlarged gland in front of the ear somewhat larger, and very hard; a similar one is also now felt, just under the angle of the jaw. The ocular fungus, ulcerated, is kept clean by frequent ablution, and dressed with simple lard. She takes opiates occasionally to ease her sufferings, and aperients as required.

In a few weeks after the last report she died. I was not able to be present at the post-mortem examination of the body, which was made by Mr. Leach, of Waterhead Mill, near Oldham, but have been favored by him with a note on the subject. He says, "I removed the whole of the tumor, intending to dissect it, but it was one mass of cancerous matter. There was no appearance of an eye in the tumor; the crystalline lens was either absorbed or had escaped, and there was no trace of the eye left, except a piece of the sclerotic and choroid coats, about half an inch square. I emptied the orbit, and was surprised to see pieces of the supraorbital plate come out with the diseased mass; I fancied that necrosis had taken place in this bone from pressure. Mrs. Wrigley's friends did not wish to have the examination carried further, and consequently I was unable to see whether the anterior lobes of the brain had become implicated in the disease."

The above case affords, perhaps, a fair specimen of the gradual but regular progress of carcinoma of the

ocular globe to its fatal termination, as it seemed to be only very temporarily checked, if checked at all, by the remedial means employed in the vain attempt to remove it by excision, and escharotic applications. This is not the only example I have seen of such a result in this formidable disease. I well remember seeing, in the early part of my life, a relation of my own (John Chapman, residing at Settle, in Yorkshire) gradually sinking under the influence of fungoid carcinoma of the eye.

It is very likely that no means, short of the extirpation of the whole eye-ball, will be found sufficient for the removal of the disease; but, with timely recourse to this, I am induced to believe a successful result may be generally anticipated.

I will proceed to relate, in favor of this opinion, the two following cases, which have occurred rather recently in my hospital practice:—

Peter Durbabin, aged thirty, a healthy-looking laborer from the country (Hulton, near Preston Brook), was admitted an out-patient of the Manchester Eye Hospital, November 13, 1841, with symptoms somewhat resembling those of iritis, which were speedily relieved by leeches, blistering, pills of calomel and opium, purgatives, and a lead lotion.

Jan. 8, 1842. He called again. For some weeks there has been a hard, prominent tumefaction around the lower circumference of the cornea, and encroaching a little upon this membrane, yet he retains tolerable vision with this eye, and the other is unaffected. About a month since I passed the point of a lancet into the swelling, but no fluid, except a drop or two of blood, followed. To-day, by means of a tenaculum (the forceps slipping) and curved scissors, I removed the swelling, which appeared to be formed of a somewhat firm, adipose, or gelatinous-looking substance, deposited between the conjunctiva and sclerotica, distending the former, and thus forming a resisting tumor, but, when removed, looking and feeling much like fat. He was directed to bathe the part occasionally with tepid saturnine lotion, to apply zinc ointment to the edges of the palpebræ at night, and to take a purgative powder occasionally.

April 23. Since last report he has called a few times at the hospital. The tumor has become again more prominent than before, and occupies the whole inferior part of the conjunctiva, but he can still close his eye. He has occasionally aching and lancinating, or pricking, pains of the part, recurring at uncertain periods, sometimes several times a-day; at others he feels very little or nothing of them. The surface of the tumor is now a little irregular, presenting the appearance of small tubercles, one or two of which are ulcerated. The iris of the sound eye is of blueish-grey color; but, in the affected one, this is variegated with a whitish brown, perhaps from deposit of lymph or fibrine. He can ascribe no cause for the complaint, except it may have been struck occasionally with small fragments of stones in breaking them. He had tolerable vision with this eye until a little time after Christmas.

May 7. Since he last called there is an evident increase in the bulk of the tumor, which presents now very much the fungoid character.

After consulting with my colleagues present, Dr. Robinson, Messrs. Hunt and Walker (present also some visitors, Dr. Chaytor and others), I determined, with the consent of the patient, to remove the eye, which was effected in the usual way. I made a small incision through the integuments at the external canthus, to afford more room; in doing this a small arterial branch spirted out blood, but the hæmorrhage soon ceased. I separated the eye from the conjunctiva and the muscles, first below, and then round the orbit, dividing the optic nerve behind. Moderate bloody oozing followed for a time; a little lint was placed over the orbit, supported with adhesive plaster and a light handkerchief. He took fifty minims of tincture of opium in peppermint water immediately after the operation, and in two hours afterwards thirty minims more.

8. The pain from the operation soon abated considerably, but he had another opiate at bed-time. He slept occasionally in the afternoon, and nearly or quite all the night. To take two purging pills along with the anodyne draught at bed-time, and a purging draught to-morrow morning.

10. He has had very little pain or uneasiness since last report. On removing the dressings, the part was looking very well, except a slight fulness and discoloration of the superior palpebræ. Tongue clean; bowels regular; pulse natural. To have the part dressed with resin cerate spread on lint, and a light bandage.

20. Has been going on very well in all respects, and is going out of the hospital to-morrow. The orbit seems to be nearly filled with granulations, but there is still a slight purulent discharge. It is covered with a little calamine cerate on lint.

28. Called to-day, and is going on well.

July 30. He appeared at the hospital to-day, looking well, and says that since last report he has been able to follow his occupation as well as before his eye became affected. He has no feeling of uneasiness in or about the orbit, which seems to be quite free from disease, the palpebræ having sunk a little within it. This is the last report of this case; and, as he promised to inform me if anything particular occurred, and has not called again, I conclude that he continues free from any relapse of the disease. On examining the eye after its removal, the tunics on the anterior part appeared converted into a scirrhous or gelatiniform mass, of some thickness, and of nearly uniform appearance. The interior of the eye was partly disorganised, and the natural appearance destroyed, but the posterior part was little if at all altered in structure. Indeed, in this case the disease was situated chiefly in the anterior, but in the following in the posterior, part of the eye.

The next case is that of Elizabeth Jackson, from Blackburn, admitted a patient of the Manchester Eye Hospital, January 27, 1843. Her age is about fifty-four; she is married; appears to be a person of quiet temperament; is of a somewhat florid complexion; her general health appears to be tolerably good, and her habits of life regular. Her right eye appears much swollen, and projecting from the orbit. The cornea is still distinguishable, but in a dull sloughy state. The surface of the ocular conjunctiva, and of the sclerotica is not even, but irregular, from three or four prominences with corresponding depressions, the whole presenting a red projecting

mass, but, as a considerable part of it is covered by the superior palpebra, which last is reddened and elongated, it is not well seen until this is raised. Both the palpebræ appear to be sound, although at first sight one might suppose the superior one to have two or three small tumors upon it, but, upon a more particular examination, this is found to be owing to the above-described unevenness of the subjacent ocular surface. She complains of much pain both of the eye and head; of the former she has suffered much pain for nearly nineteen months, of the latter for about the last fortnight, but since then so severe as to prevent her obtaining almost any sleep at night. Pulse 84; tongue clean; bowels regular; appetite but indifferent for the last five or six weeks, and since that time she has been unable to perform her usual domestic occupations. It will be nineteen months, she says, on the approaching 6th of February, since inflammation and pain first seized the eye; from that time she has experienced what she calls a "working" in it without intermission. About seven months previous to that time she discovered that she had quite lost the use of the eye, without any previous pain or uneasiness, or any sensation of black muscæ, flashes, sparks, or colors. The vision of her left eye is good for her age. It is only, she says, about eight or nine weeks since the eye began to project so much outwards. She has been attended by an intelligent professional gentleman, Dr. Marsland, of Blackburn, but the remedies used have had only a palliative influence.

Though in this case the disease was in a considerably more advanced state than in the preceding one, and, therefore, the result of an operation more doubtful, yet, seeing no prospect of any permanent relief from any other means than extirpation of the globe, and a speedily fatal termination without it, I did not hesitate to recommend her assent to it, which was given.

Jan. 31. In the presence of my colleagues, Messrs. Barton, Hunt, and Walker, and of some others, I removed the diseased globe from the orbit; the latter appeared to be sound. On making a vertical section of the eye or diseased structure, immediately after its removal, it presented a rather dense structure, disposed in several lobules, homogeneous, and much resembling inspissated mucus, or firm jelly. The great bulk of it was situated posteriorly, and was closely connected with the globe, the component parts of which were moderately distinct, but somewhat diminished in bulk, probably by the pressure undergone from the enveloping morbid mass, which itself might perhaps have originated in a carcinomatous charge or deposit in the cellular membrane of the orbit or outer parts of the eye.

On more particularly examining the part removed, I found about two-thirds of an inch of the optic nerve remaining attached to the removed mass; of this portion of nerve, the posterior or cerebral end presented a natural firm texture, but the anterior or ocular end had lost all nerve-like appearance, and hence probably arose the early occurrence of the amaurosis, in this eye, from the carcinomatous deposit on this point at the very commencement of the affection. The globe itself, which was almost completely enveloped by the morbid texture, especially posteriorly and laterally, and, indeed, only formed about a fourth or sixth part of the bulk of the tumor, being, as already observed, probably somewhat atrophied from pressure, presented the sclerotica in almost a natural state, but the conjunctiva seemed to have undergone a kind of pulpy thickening; the choroid could be traced, though a good deal changed, being thickened and friable when seized by the forceps; there was no distinct trace of retina, or of the humors of the eye. The muscles and tendons of the eye could be only imperfectly traced.

Feb. 1. Says that she feels decidedly easier now than she did before the operation, both as to her head and eye. There is a slight bloody oozing from the orbit. She had some sleep in the night after an opiate draught; pulse is quite calm; tongue clean; stomach tranquil; bowels regular.

Feb. 2. Has been going on favorably. On removing the dressings this morning, the palpebræ looked well, and closed up the orbit externally.

3. Complains to-day a little more of her head, and did not sleep much last night; has taken no anodyne for the last two nights; pulse 84; tongue moist and clean; appetite indifferent; the palpebræ are a little swollen; on separating them slightly, some bloody serum was discharged. A little lint only, secured by a few strips of plaster, applied; to have an effervescing draught two or three times a-day.

4. Slept better last night after an opiate pill; head easier; no feverish symptoms; bowels regular.

13. Has been going on well, without fever, and with very little pain; the palpebræ also look well, and have lost their former injected appearance. There is a little discharge still from the orbit. Her husband having coming over from Blackburn this day, she was allowed to return with him.

March 14. Heard that she was going on very well.

April 4. She came over to the hospital. The palpebræ appeared slightly tumid at their edges, but there was no appearance of any return of tumor in the orbit, from which, however, there is occasionally a little puriform discharge; the pain of the head does not now trouble her; she looks, sleeps, and eats well, and appears in good spirits.

June 6. By a person from Blackburn I received information that she was going on very well, and quite free from any appearance of disease.

Nov. 1. I received a similar report.

REMARKS.

It appears to me that the three cases attempted to be narrated above, are examples of the scirrhous form of malignant disease—the scirrhoma of Dr. Carswell—the *cancer gélatiniforme*, or *aréolaire*, of Cruveilhier, for the matter effused is oftenest like firm jelly or glue; and hence the term colloid or glue-like tissue is also sometimes used by Laennec; sometimes, also, there is a whiter variety of it, and for this the term lardaceous has been applied.

After the scirrhous stage has continued some time (it may be even permanent, as I have seen in the uterus), ulceration often follows, and it is then more particularly that it takes on the form of fungoid carcinoma.

The cases here related tend to prove, and the records of medicine, I doubt not, furnish many similar ones, that the disease, though considerably developed, may

be successfully attacked by the knife as long as the surrounding parts and the adjoining glands have not become contaminated; for experience too well demonstrates that there is in this disease a power of generally inducing in the surrounding parts a participation in its morbid influence, and thus gradually extending its formidable ravages.

With regard to the other forms of malignant disease, to which the eye, like other organs, is subject, viz., fungus hæmatodes or encephaloid cancer and melanosis, there is ample scope for making remarks, particularly with regard to the former, as it generally occurs in the earlier periods of life, but I have already perhaps trespassed too long on the time and patience of the society to permit any further extension of this paper on the present occasion.

Before concluding, I should wish to remark that the Manchester Eye Hospital was established in the centre of this populous district about the early part of the year 1815, Mr. Wilson being then appointed surgeon, and the late Dr. Hull physician, to the institution. Mr. Barton was soon afterwards appointed a second surgeon, and a year or two afterwards I was appointed a third surgeon. On the retirement of Mr. Wilson from the office about twelve or fourteen years since, two assistant-surgeons were appointed, Messrs. Hunt and Gordon. After the death of the last gentlemen, Mr. Walker succeeded him, and Dr. Robinson succeeded Dr. Hull. Our patients annually are about 1,500 to near 2,000 in number.

LIGATURE OF THE FEMORAL ARTERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I was much interested in the perusal of Mr. Jesse's excellent observations on Hæmorrhage after Amputation, in a late number of your valuable publication. The two following cases, which have recently occurred in this institution, fully corroborate his views, viz., that in hæmorrhage from the thigh, when it is found necessary to secure the femoral artery, the ligature should be applied above the origin of the profunda. If that had been done in the first case, there is but little doubt that it would have prevented the necessity of resorting to a second amputation.

I remain, Gentlemen,
Your humble servant,
R. Dix, House Surgeon.

Derbyshire General Infirmary,
Feb. 22, 1844.

Case I.—John Noon, aged twenty-two, by trade a joiner, was admitted into the hospital April 24, 1843, with strumous disease of the left knee. As the malady continued to increase, and his health began to suffer, it was deemed advisable to remove the leg above the knee, which operation was performed, by means of a double flap, a fortnight after his admission. He went on very well until May 15, the ninth day after the operation, when hæmorrhage from the stump took place, which was restrained for a time by pressure, and the constant application of cold; but it occurred again at intervals on the following day, and at one o'clock, a.m., on the 17th, to such an alarming extent that life was almost lost. Under these circumstances, after he had rallied, it was judged best to tie the femoral artery; this was effected a little below the profunda. Four days afterwards the bleeding again returned profusely, and it was necessary to amputate the limb two inches above the first site of operation. From this period he went on well, and was discharged cured July 17.

Case II.—John Whitney, a shoemaker, aged seventeen, was admitted November 27, 1843, having disease of the left knee-joint of five years' duration. As he came into the hospital for the purpose of having his leg amputated, the operation was performed ten days after his admission. The stump had nearly healed, and the last ligature came away on the 30th of December; this was followed by hæmorrhage to a considerable extent. After trying the usual means to suppress the bleeding without effect, the femoral artery was tied in the groin above the profunda. From this time he continued progressing towards recovery, and left the infirmary on the 16th instant quite well.

OBSERVATIONS
ON THE
TREES AND SHRUBS PROPER FOR OUR PROPOSED NATIONAL CEMETERIES.

By Robert Dickson, M.D.

Conservative Power of Vegetation illustrated—Exceptions in Coniferous and some other Trees—Application.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The perusal of an article, which appeared a few weeks since in your valuable Journal, on intra-mural sepulture, suggested to me the following reflections; and should you deem them worthy of a place in your columns, you will oblige me by inserting them.

I remain, Gentlemen,
Your obedient servant,
Robert Dickson, M.D.

5, Curzon-street, Mayfair,
Feb. 26, 1844.

In the Observations on Mr. Chadwick's Report on Interments in Towns (Provincial Medical Journal, January 6, 1844), it is proposed, as a remedy for the manifold evils of this custom, that national cemeteries should be provided at proper distances from the metropolis and other large towns. As a very important part of the economy of such cemeteries, it is recommended to keep the ground covered with a thick turf, and planted with shrubs and trees; it being added, "the purifying effects of vegetation on the air are well known." The general truth of this statement is unquestionable, but in its practical application it needs some qualification, since, while certain plants exert a purifying influence over the atmosphere, increasing the proportion of oxygen, others, by diminishing its amount, exercise a hurtful power. As it is chiefly plants of the latter kind which are selected for the ornaments of the resting-places of the dead, I propose to offer a few hints to assist in guiding the

choice of those who may be appointed to construct and superintend those national cemeteries.

That the simplest states of living vegetable forms contribute to augment the oxygen of the water in which they are developed, is proved by the experiments of many chemists, from the *green matter* of Priestley, which has been aptly termed "a provisional creation waiting to be organised," up to the most gigantic flags or sea-weeds which "the dark unfathomed caves of ocean bear." The presence of a small moss or conferva in a vase, in which fishes are kept, so markedly aids in maintaining the supply of oxygen requisite for their respiration, that it is not necessary to change the water so frequently as when no such plant is present. On a larger scale the same fact is proved, since it is "notorious that fishes are never so healthy in reservoirs destitute of aquatic plants as in ponds and streams in which these abound" (Carpenter's Comparative Physiology, second edition, p. 338). Were it not for the vegetation, vast in point of number, and huge in point of size or length (the *macrocystis pyrifera* being occasionally from 500 to 1,500 feet long), and rapid in growth, beyond any parallel in terrestrial plants, which the bed of the ocean maintains, oxygen would be wanting not only for the fishes and molluscs—not to mention the millions upon millions of animalcules which "live, move, and have their being" therein—but also for various chemical actions, carried on at depths to which the oxygen of the air never penetrates, however it may minister to those effected near the surface.

It is, therefore, manifestly a serious error to rake out the vegetation from fish-ponds, where, while living, it is directly beneficial to the fish, and spread it out on the banks, when, by converting it into dead and decomposing matter, it becomes directly injurious to man.

The prejudice on this head, entertained against the *lemnas* or *duck-meats*, requires to be dissipated, since, far from being noxious, they are truly beneficent plants. Floating as they do in the water, and not furnished with a root imbedded in the bottom of the ponds or ditches, which would prevent them following the rise and fall of the water, but ever readily accommodating themselves to its varying amount, and possessing a peculiar mode of increase and growth, they form a veil over the entire surface, and speedily decompose the gases as they rise, disarming them of their virulence, and liberating the oxygen for the use of animals.

Certain peculiarities in the construction of aquatic plants would lead us to infer that they were designed for this among other offices. Very generally the submerged leaves are frequently divided and feathered, so as greatly to increase the extent of surface, as well as the number of points which attract the gases as they slowly ascend through the water. Still more beneficial is the arrangement prevalent in all submerged parts, of being destitute of cuticle, so that the gases are instantly brought into contact with those cells of the plants which possess the power of decomposing them, which the cells of the cuticle, being filled only with air, do not.

In tropical climates, where, owing to the greater intensity of the physical agents which accomplish decomposition, sources of disease are more frequent and rapid in their effects, the conservative properties of living active vegetation are clearly demonstrated. The insalubrity of the town of Batavia is well known, yet that side of it next the marshes is less unhealthy than the other next the sea. This immunity is chiefly owing to the action of one very singularly constructed plant, the *pistia stratiotes*, which abounds in these marshes, placed there apparently expressly for the purpose of diminishing their unhealthiness. "We were surrounded on all sides by marshes, which render this situation (Fort Anké, in Batavia) very unhealthy; it is, however, much less so than that of the town, where, at low water, the black mud collected in a great number of canals is exposed to the heat of the sun, and exhales the most pestilential effluvia. The marshes of Anké, on the contrary, were covered with a variety of plants, so close to each other that they presented the appearance of fine meadows in full vegetation. A great number of different kinds of grasses, rushes, nelumbo, &c., grew forth from the bottom of the stagnant water, and the interstices between these plants were covered with large quantities of the pistia stratiotes, which, floating on the surface of the water by means of the small bladders with which its leaves are provided at their bases, absorb a great variety of the noxious vapors as fast as they are exhaled from the mud, and change them with the aid of the solar rays, as we know, into respirable air. This transmutation is effected by the pistia more than by any other plant; for it is known by experiment to be so powerful a preventive of the decomposition of stagnant water, that if fishes be put into a small quantity of water, in which they would otherwise perish in the course of a few days, they may be preserved a long time by covering its surface with these singular plants, every one of which occupies a space of about nine square inches." (Labillardiere's Travels, p. 473.)

The effects, on a large scale, of an active vegetation in counteracting a tendency to endemic diseases, and of the absence of it in promoting the outbreak of some of the most formidable of these, is well stated in Russeger's Travels in Egypt, the extraordinary fertility of which he elucidates by tables. "Fertile, however, as is the soil yearly deposited by the Nile on its banks, so long as the soil is carefully cultivated and watered by the hand of man, equally rapid is its conversion into sand and desolation, when man ceases to bestow upon it his care. The mud of the Nile is full of salts, particularly saltpetre, dries up rapidly, and then becomes a light dust, which is soon carried away with the wind. Let man tend it carefully, and there is no soil in the world of greater productiveness; let him neglect it, and, in a little time, this fertile soil becomes incapable of sustaining vegetable life."

The rapidity of the growth of plants useful to man, after the inundation, may be seen by reference to works more accessible than Russeger's, such as Sir G. Wilkinson's "Topography of Thebes." It is left for man to decide whether the overflow of this "abounding river" shall prove a blessing or a curse. The saline principles washed down by it can immediately be moulded into forms of beauty and usefulness by the plastic power residing in plants, if their seeds be placed by him in the bosom of the

earth; but if he fail in discharging the duties assigned to him, these same elements rise up against him, and by inducing fatal disease, remove him as an useless cumberer of the ground.

The relation of man to the earth, and of the earth to man, is mutual, or, as Koreff, in his work *De Regionibus Italiæ aere, pernicioso contaminatis Observationes*, expresses it, "Not only does man need the *earth* in order to live and be active, but the *earth* also stands in need of man."

That trees which can be proved to diminish, to lessen, instead of increase, the amount of oxygen, are no fit portion of the vegetation of cemeteries, must be obvious; yet these are those most likely to find a place there, being held to be, almost by prescriptive right, the appropriate occupants of the spots set apart for the dead—"dark trees, funereal, cypress, yew and shadowy pine, and spicy cedar." Which give to our burial-grounds an aspect scarcely less gloomy and repulsive than those in the neighbourhood of Constantinople, so graphically described in "Anastatius."

Evergreens generally are allowable, but all those which contain volatile oils, or volatile constituents in general, which change into resin by the absorption of oxygen (see Liebig's Organic Chemistry applied to Agriculture, first edition, p. 28), are very unfit. If we exclude the coniferous plants above enumerated, we shall still have enough of perennial leaved plants left to maintain an appearance of freshness and life throughout winter, the cherry-laurel (cerasus laurocerasus), the Portugal laurel (cerasus lusitanica), holly, ilex aquifolium, and, above all, the arbutus unedo, and arbutus andrachne, from being clothed during the winter with "blossoms and fruit at once." Where walls surround the cemetery, the mespilus pyracantha, and other shrubs, might be advantageously trained against them. Among deciduous plants it would be necessary to exclude the poplars, especially the populus balsamifera. Along the sides of large cemeteries the ash tree might be planted, as the leaves in this country are rarely eaten by insects, and the roots creeping along the surface would not dip down into the graves as elms would do. The ornus europœa, or flowering ash, would be a suitable tree, more cheerful than the weeping ash.

One of the most appropriate would be the common lilac (syringa vulgaris), the leaves of which have been ascertained by Dr. Daubeny to raise the proportion of oxygen, in a jar filled with common air to 29 or 30 per cent., and by introducing several plants into the same jar in pretty quick succession, even raising the proportion from 21 (the ordinary amount) to 39 per cent., thus almost doubling it. "How great, then," says Dr. Daubeny, "must be the effect of an entire tree in the open air under favorable circumstances!" It is less, however, the object of these remarks to show what plants *should*, as to indicate what *should not*, be admitted into our proposed cemeteries.

The cypress, yew, cedar, and arbor vitæ are those I am anxious to exclude. One result of their banishment would be, that a more cheerful aspect would appertain to the spots where the remains of our departed friends repose. They would then invite to frequent visits on the part of the survivors; constituting fit retreats, where "the soul might plume and balance her wings by holy meditation, before she should take her own flight to heaven." All these trees belong to one class, termed non-reproductive, because, when cut down, no shoots spring from the roots. This was one reason why the ancients selected the cypress to plant by the grave, which to them was the end of existence. Viewed in this light, it has been well observed, "the cypress is no meet emblem of the Christian's grave." Let us not, then, lose the present opportunity of casting aside the selected emblems of the heathens, and of those who sit in darkness little less profound, but substitute others, more in accordance with that religion which, having "brought life and immortality to light," forbids us, when we commit "earth to earth, ashes to ashes, dust to dust," to sorrow "even as others which have no hope."

In conclusion, I am not without trust that this suggestion will meet with attention, since science and religion alike combine in demanding the change.

ON THE MISCHIEFS RESULTING FROM THE RANDOM ADMINISTRATION OF LARGE DOSES OF CALOMEL.

By Robert Druitt, Esq., Surgeon, London.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I send you the following case for insertion in your valuable Journal, in the hope that it may serve as a caution to your readers against following implicitly a practice which is recommended by very high authorities, but which, as the sequel will show, may occasionally be followed by very serious mischief.

The practice to which I allude is the administration of very large doses of calomel, in order to act as a purgative in puerperal convulsions, or other cases of sudden and dangerous congestive affections. This practice is recommended, however, in puerperal convulsions by a majority of the most popular midwifery authors of the present day.

Dr. Rigby, in his treatise on Midwifery in the Library of Practical Medicine, says, when speaking of the treatment of puerperal convulsions, "eight or ten grains of calomel with fifteen or twenty of jalap, should be mixed into a paste with a little thin gruel, and laid upon the back of the tongue," &c. &c.

Dr. F. Ramsbotham, in his "Principles and Practice of Midwifery," says that "ten or twelve grains of calomel may be mixed with a little sugar, and put upon the tongue," &c.

Dr. Fleetwood Churchill, in his "Theory and Practice of Midwifery," recommends a strong cathartic of calomel and jalap to be administered.

Dr. Merriman says, in his "Synopsis of Difficult Parturition," "If the patient be able to swallow, a pill containing from five to ten grains of calomel may be got down; or the calomel mixed with *moist* sugar may be put into the mouth," &c. &c.

The very learned Dr. Copland, in the "Dictionary of Practical Medicine," Art. Convulsions says, "the exhibition of ten grains of calomel, and from five to ten grains of camphor, with or without an equal

quantity of musk, and shortly afterwards two or three drops of croton oil, should *never be omitted.*"

Lastly, Dr. Robert Lee, in his lectures recently published, directs the practitioner " to put ten grains or a scruple of calomel upon the tongue, or two drops of croton oil, if the bowels require immediate relief," &c. &c.

Now fully agreeing, as I do, and as every one must, in the necessity of employing some most energetic and quickly operating remedy, for the purpose of producing a copious discharge of the various excretions, I would contend that calomel is not the most speedy and certain remedy within our reach, and that the use of it in such large doses as those above recommended is highly objectionable.

In the beginning of last May I was sent for, just before bedtime, to see a young lady whom I was engaged to attend in her first confinement. She was then just at the beginning of the seventh month. She had complained of dull headache and drowsiness for the last few days; her face was puffy, her water very scanty, and bowels confined. She had taken no food during the day, and now began to be troubled with retchings, which brought up a small quantity of bile. She had always been remarkably healthy, and had had nothing to do with illness or medicine from the time that she was a child. I prescribed an active cathartic, of which blue pill formed a small part, and a saline draught as a diuretic, and left her for the night.

About three hours afterwards, however, I was summoned to her in great haste, and found her laboring under violent convulsions. These continued at intervals from ten in the morning until about nine. The patient was bled largely twice, but the fits were not entirely subdued till more blood had been abstracted by cupping from the nape of the neck. I suppose the patient lost altogether rather more than fifty ounces of blood. But in the mean time I did not neglect the excernent functions. I gave eight grains of calomel with some jalap as soon as the patient was able to swallow, and followed this up with enemata, and salines with tartar emetic, till the bowels were well unloaded, and the kidneys acted plentifully; and in the course of the day I had the satisfaction to see my patient apparently free from danger.

The same evening, however, she began to complain that her tongue was swelled and painful, which was not much wondered at, as it had been severely wounded by the teeth during the paroxysms of convulsions. The next day this swelling very greatly increased, and the face began also to swell; in fact, there came on the most frightful state of salivation that ever I witnessed. The face and throat were enormously swelled, and the eyelids perfectly closed by the œdema; the tongue projected immensely from the mouth, and it was many days before it could be replaced; the membrane covering the under surface of the tongue, and the insides of the cheeks and gums, sloughed, and the saliva dribbled away so profusely that it thoroughly soaked from five to six dozen napkins in the course of the twenty-four hours. In the midst of this misery, five days after the convulsions, the patient was delivered of an infant still born.

It was, as may well be imagined, a month before the patient was strong enough to go out of town for change of air; but a very much longer time elapsed before the mouth had become firm enough to permit of the mastication of solid food, and after that a new misfortune appeared. The inside of the cheeks and the gums, and the under surface of the tongue, which had sloughed, healed with a dense white cicatrix, which very greatly impeded the motion of the tongue in speech and mastication, and prevented the mouth from being opened more than a quarter of an inch. This she has not yet recovered from, and I suppose never will altogether.

The treatment which I employed for the ptyalism consisted of mild aperients and tonics, with sedatives to allay the pain, and as much liquid nourishment as could conveniently be taken. The local applications, for which the patient always expressed herself most grateful, consisted first of washing out the mouth thoroughly with a weak lotion of chloride of lime, and then immediately brushing over the whole interior of it with a lotion containing five grains of tannin to an ounce of distilled water. This immediately coagulated the viscid secretions of the mouth, and enabled the patient to get rid of them without much effort, and thus was a source of great comfort. I employed leeches to the swollen salivary glands, but could not perceive that they did any good. A gargle of six grains of acetate of lead to six ounces of distilled water, with an ounce of simple oxymel, appeared to check the flow of saliva at a subsequent stage.

In order to remedy the contraction of the mouth, she has had her teeth cleaned by a dentist, who removed one which was decayed, and I have employed an instrument to expand the jaws gradually with the aid of a screw; but I believe that time, together with the patient's own efforts, have done more for her than any artificial means. There is an exceedingly gristly band of cicatrix on each side along the anterior border of the masseter muscle. Should it be necessary, these, with some of the fibres underneath, might be divided at a future period. But up to the present time the state of the mouth has been gradually improving, so that the patient can eat with tolerable expedition with her incisor and bicuspid teeth; still there is not yet sufficient space between the molars to render them serviceable.

I think that the occurrence of such a case as the foregoing may well be a caution to others, as it most certainly will be to me, not to administer such a large dose of calomel again under similar circumstances. It must be very obvious that the copious bleeding, which is used at the same time, must tend greatly to increase the rapidity with which the poison is absorbed, and the susceptibility to suffer from it in the worst degree. But even if no objection could be found against the practice on this account, I think it may be shown that calomel is not the remedy best calculated for the emergency. The object is to excite all the excretory functions as rapidly and fully as possible, to reduce the heart's action, and relieve congestion. But calomel is most capricious in its evacuant efforts, and not by any means to be compared with tartar emetic, either in the rapidity or certainty of its action. As for the danger of vomiting, I believe it to be very much overrated, and, if bleed-

ing is properly performed, would not hesitate to produce it. Certainly one convulsive fit must cause a far greater risk of rupturing a blood-vessel in the brain than any mere efforts of retching.

I am, Gentlemen,
Your obedient servant,
ROBERT DRUITT.

6, Bruton-street, Berkeley-square, London,
Feb. 26, 1844.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MARCH 2, 1844.

COUNTER PRACTICE OF DRUGGISTS.—SALE OF POISONS FOR CHILDREN.

OBSERVATIONS ON A LATE INQUEST AT STOURBRIDGE.

That men may do what they like with their own, seems at first sight a fair and reasonable doctrine. But yet the safety of the public requires that some limitations should be placed upon it in practice.

We suppose that it would hardly be possible, even if desirable, to make and enforce any legal enactment that would prevent persons from drugging themselves with quack medicines, or that would prevent the chemist from selling them. A man's health is his own, and he insists on his right to do what he likes with it; and the chemist says the same of his drugs.

But, considering the number of helpless children, who are annually poisoned with "*sleeping stuff*," Godfrey's cordial, soothing syrup, and other "real blessings to mothers" (vide advertisement), we cannot help thinking that the legislature might interpose in behalf of these victims of maternal ignorance or sloth.

The case is not a mere possibility, or one of rare occurrence; but week after week we read of infants destroyed by narcotic medicines, administered by careless hands, and most probably in cases in which they were altogether unnecessary; although, as is very well known, they are remedies which are exceedingly noxious during the period of childhood, except under peculiar circumstances, in which medical skill and circumspection should always superintend their employment.

It is perfectly notorious that they are generally given, not only in order to smother the natural sense of inquietude, produced by improper feeding, bad nursing, a dirty state of the skin, or want of proper exercise and fresh air, but also for the purpose of allowing the nurse or mother an opportunity for going out to take her pleasure. Thus they afford facilities to mothers for neglecting the first and most sacred of their duties.

As for the chemists who sell these deleterious drugs, they are, as is well known, perfectly incompetent to decide on the cases in which they may be used with safety. They regard them as mere articles of traffic; and in their opinion the more they sell the better. They cannot, however, plead ignorance of the sacrifice of infant life at which their contemptible gains are procured.

Now we cannot see the difficulty of at least lessening the amount of this pernicious practice by a stringent penal enactment. Might not penalties be provided against the selling or administering narcotic drugs to children without the sanction of a legally authorised practitioner? or might not some severe punishment be inflicted both on the seller and the giver, in case of death resulting? A few instances of the kind would soon operate as a wholesome caution.

We have been led to make the foregoing remarks in consequence of a report of a coroner's inquest at Stourbridge, which appeared in the "Ten Towns' Messenger," a Kidderminster paper, of the 23rd of February. The case was that of a child poisoned by some combination of drugs called *child's cordial*, by which we suppose Godfrey's cordial is meant. We will extract the evidence at full length.

The mother of the child deposed that "it had been poorly a month or six weeks, and very bad for three days. Mrs. Batch said the baby was much worse than I thought it was, and thought it would be proper to show it to a medical man. This was Sunday afternoon, about three o'clock. I did not show it to a medical man, but sent for some child's cordial at five minutes past six in the evening. I have been in the habit of giving the child cordial. I told the boy (my brother) to go to the first shop, which was Johnson's; my father told him to go to the nearest place. When he returned I gave a little of it to the child; the quantity I gave was three parts of a teaspoonful. I have been in the habit of giving the child two spoonfuls at a time. I tried to comfort him, but he did not go to sleep till nine in the evening. He had had no rest. I saw no difference in him up to that time. He never woke again. [Here the witness, who was a respectable-looking woman, was much affected.] He must have died at about a quarter to two the next day. The child was still in bed, and never awoke after Sunday night. It was restless as usual, therefore I was not alarmed.

"By the Coroner—The child slept with my little sister, Elizabeth. I called sometimes to see if the baby was comfortable, and got up about seven o'clock in the morning. The child was asleep, and seemed very comfortable, more than usual. I noticed him several times during the day; he was asleep all the time. I went up stairs at half-past two o'clock, and saw something coming out of his mouth of a dark color. I turned off the clothes, and could not hear him breathe. I fancied he was convulsed a little. I put my head close to his, and found him cold and dead. I gave the alarm, and ran into somebody's house, crying out, 'My child, my child.' Mr. Batch's daughter, Mary Ann, came up stairs, and brought the baby down. I remember nothing more of the matter.

"Re-examined—The child had not been sick before I saw the black on its mouth. Had had no medical advice. I thought it was his teeth. He had

taken his food regular, still I intended to have had advice in the morning.

"Edward Mills, a lad, having been questioned by the coroner as to his idea of an oath, was sworn, and said—I remember going last Sunday to fetch some cordial; my father told me to go to Mr. Johnson's. Mr. Johnson is a doctor in Pig-street; keeps a shop, a druggist's shop. I went for a pennyworth of child's cordial. Saw Mr. Johnson; don't know whether he is a young man or an old man. What he gave me I carried home.

"By Mr. Acroyde—I know the man when I see him. [The witness here pointed to Mr. H. T. Johnson, who was in the room.]

"Mr. H. T. Johnson—You must be mistaken; I was not near the shop. Of course I did not see the boy or give him anything. *I thought it was usual to call the chemist as a witness on these occasions.*

"The Coroner thought it an omission that it had not been done.

"Henry Wilson, assistant to Mr. Betts, surgeon, Stourbridge, being sworn, said—I reside with Mr. Betts. I was called on Monday, the 19th, to attend the child; went at five minutes past two, and found the child dead. To all appearance it had been dead about ten minutes. At that time the froth had been wiped from the child's mouth. On Tuesday, the 20th instant, I made a post-mortem examination of the body by order of the coroner. On cutting off a portion of the lobes of the brain, dark congested blood oozed out from the white surface. On examining the stomach, I found it a little congested, and in it a little grumous matter. [The evidence was produced.] I examined the lungs, and found the lobe of the right lung much congested, but not sufficient to cause death. The other parts of the viscera were healthy. I did not examine the heart. My opinion is that the child died from a congestion of the brain, occasioned by the improper use of medicine. I did not believe this till I heard the evidence now given. A cough could not produce the state of congestion. *I think the dose excessive. Don't know what it contains.* [The witness here produced a bottle containing some dark liquor, about a teaspoonful.] Thought it contained syrup of poppy. Thought it improper to give to children. Do not think any natural cause could have produced death in this instance. I believe that had the medicine not been given, the child would have been alive now.

"By a Juryman—If the medicine had been given in a small dose it would not have killed the child. I think no narcotic good for children. The medicine found in the stomach is the same as that in the bottle.

"By Mr. Acroyde—I do not sell Godfrey's cordial. I should administer a small dose of syrup of poppy.

"Mr. Henry Betts, surgeon, concurred in the evidence of Mr. Wilson, but desired to be heard himself. This gentleman did not vary one word from the evidence of the preceding witness, till he said, I think the child had been ill, from the appearance of it. It must have diminished in bulk. I saw no outward mark but a sore mouth. I believe that congestion of the brain was the cause of the child's death, and that the congestion arose from the use of the medicine. A smaller dose would not have injured it.

"In answer to a question or two from the coroner and a juryman, Mr. Samuel Caldwell Hassall, chemist and druggist, said a certain dose might be given, and that the quantity taken by the child was the usual dose; *that he frequently sold the medicine, and should do so still.*

"Mr. Oats, who was one of the jury—I cannot see that any blame is attached to the woman or the chemist.

"Re-examination of Mr. Betts by the Coroner—The medicine would not have acted under three hours; have known it much longer. No doubt sleep was produced by the dose. The child was suffering under an inflammatory attack. The medicine was more likely to do harm. I have not analysed the contents of the stomach, vegetable poisons are so difficult to discover.

"Mr. W. H. Johnson, assistant-surgeon,* who had been sent for, now entered the room, and was sworn; he said—I was attending the shop on Sunday evening for my brother, Mr. Horace Thomas Johnson, *when I sold several quantities of child's cordial in pennyworths.* Cannot say I did not serve the boy, but I do not remember it. *I never give directions for the use of it without the instructions being asked for. It is an article of commerce.* It is not customary to give directions with child's cordial; we do with articles of a deleterious nature, and I always use the utmost precaution. My brother makes the child's cordial according to the directions in the pharmacopœia. *I consider half a teaspoonful a dose for a child of the age of deceased. I do not think that quantity enough to kill the child. Three-quarters of a spoonful might have produced death. I have known children to die with less. I am justified in selling the medicine made according to an authority like the pharmacopœia.* I should not think of writing poison on a bottle of cordial.

"Mr. Acroyde put some questions to the witness relative to his meaning, when saying child's cordial was an article of commerce. The conversation was not material, Mr. A. supposing that the article was called an article of commerce as an exception to others sold in the shop, and wishing to know why. We took Mr. Johnson to mean that child's cordial was an article of commerce, as usually sold amongst other articles over the counter, without using the precautions necessary in the sale of poisons and deleterious drugs, which are, on that account, exceptions, and marked accordingly.

"After a brief summing up the following verdict was returned:—'Accidental death, produced by administering too large a dose of medicine called child's cordial.' It was remarked by the jury that, it having appeared in evidence that the medicine was sold by Mr. Johnson, without inquiry or instruction as to the quantity proper to be administered, they wished to express their belief that such practice is highly improper, and places in jeopardy the lives of many of the children of the poor."

We have extracted almost the whole of the report, which the editor of the Kidderminster paper assures us is given in the *ipsissima verba* of the witnesses.

* This title means, as we learn from another part of the paper, that this person had been assistant to a surgeon.

We have omitted one or two very immaterial points only.

What the precise compound was which produced this child's death, we are unable to say, as we never met with a pharmacopœia containing a formula for the "child's cordial." The effects of it, however, in this lamentable case, and the admission of the witness Johnson, that "*three quarters of a spoonful might have produced death*," and that *he had known children to die with less*, sufficiently prove its deleterious properties. The impropriety of permitting such compounds to be sold in any quantities to all comers for a notoriously improper purpose, and of permitting substances to be used as domestic medicines which might cause death if the dose were increased one-half, is sufficiently obvious.

Our readers will hardly fail to notice the impudent manner in which this abominable traffic in the lives of children is defended by Hassall, the druggist, one of the witnesses. "Child's cordial," it seems, is an "article of commerce," and if it does kill children now and then, it cannot be helped; the privileges and profits of the druggist must be respected. We would also advert to the impropriety of treating these chemists as medical witnesses, and taking their opinions as medical evidence, although in all probability they know no more of medicine than their brethren the grocers know of the botanical characters of the tea-plant.

We will conclude by reiterating our opinion, that some legislative enactment ought to be provided, in order to protect the children of the poor from the combined effects of the ignorance and laziness of their parents and the unprincipled greediness of the chemists.

MR. BARRETT.

"Ecce iterum Crispinus."

We have received a circular from Manchester (emanating from Mr. Barrett, surgeon, of that town), which we feel compelled, though with reluctance, to notice. Mr. Barrett is pleased to close his introductory letter in the circular alluded to in the following manner:—

"Had my last letter to the Editors of the Provincial Medical Journal not been refused insertion, such a step on my part (i.e, the publication of the circular) would perhaps have been unnecessary. In this suppression, however, I consider myself to have been most unfairly dealt with; and I can only account for the circumstance by the avowed fact that Dr. Hennis Green, the principal editor, is the personal friend and intimate acquaintance of Dr. Eager. I forbear to inquire how far Dr. Green has, in this business, shown himself to be the trusty guardian of the interests of the profession, or the faithful representative of the spirit of the Provincial Medical and Surgical Association."

In reply to this paragraph we shall lay aside for a moment the editorial "We." Dr. Green has, therefore, to inform Mr. Barrett, that if his contemptible insinuation were converted into an assertion, it would become a direct falsehood. Had Dr. Green been in London during November last, the controversy relative to the Christian Burial Society would never have been admitted into the pages of the Provincial Journal. As soon as Dr. Green saw the correspondence between Dr. Eager and Mr. Barrett, he wrote to the sub-editor of the Journal, and requested him to put a stop to the exhibition as quickly as possible. This request explicitly referred as well to the letters of Dr. Eager as to those of Mr. Barrett. It was made long before the transmission of Mr. Barrett's last epistle, and was prompted by the feeling that the Provincial Journal should not be made an arena wherein two members of the same profession were to be permitted to throw an unlimited quantity of dirt at each other.

REVIEWS.

Medicines; their Uses and Mode of Administration; including a complete Conspectus of the Three British Pharmacopœias, an Account of all the New Remedies, and an Appendix of Formulæ. By J. Moore Neligan, M.D., Physician to Jervis-street Hospital, and Lecturer on Materia Medica and Therapeutics in the Dublin School of Medicine. Dublin: J. Fannin and Co. London: Longmans; and Renshaw, 1843. pp. 432.

This appears to be a very useful practical work. The author, in treating of each medicinal substance, gives first the officinal and vulgar names, and, in the case of a vegetable, the habitat and botanical characters; then the physical and chemical properties; the modes of preparation (and under this head the processes of the new British pharmacopœias are given in full in a condensed form); the adulterations, and the manner in which they may be detected; the therapeutic effects and medicinal uses; the dose, and mode of administration, including all the officinal preparations of the British pharmacopœias, as well as many of the continental and American formulæ; then the incompatibles; and, lastly, in the case of poisons, the antidotes, and other appropriate treatment.

One great difficulty in writing a work of materia medica must be the arrangement; the author confesses this difficulty, but yet has made an attempt, and, as he says, "the great practical value of an arrrangement which is based on the ultimate medicinal effects of remedial agents, has induced him to adopt such a classification in preference to either a natural, historical, or alphabetical arrangement. In order, however, to afford a facility of reference, the chapters themselves, and the individual articles described in each, are arranged in alphabetical order."

For our own parts, we prefer an alphabetical arrangement entirely; it is troublesome to look for one substance in several different places, and it causes much repetition. Nevertheless, we are not going to find fault with Dr. Neligan's arrangement, which has no affectation of too much subtilty, and is easily comprehended at a glance; or even if it were not, his excellent index—a thing to be commended in all books—would prevent any trouble or delay in finding what is wanted.

The following extracts will give some idea of the manner in which the author has treated his subjects:—

"Monesia.—Under this name, a few years since, an astringent extract was imported into France from South America; it was said to have been obtained from the bark of a tree, a native of Brazil, but the name of which is not known. The extract was brought over in large cakes, which were purified by dissolving in water, filtering, and evaporating; the purified extract is in small fragments, resembling kino in appearance, but it has not the peculiarly ruby lustre of that substance; the taste is at first sweetish, then astringent, and the odor feebly aromatic; it dissolves readily in water, affording a dull brown, somewhat opake solution. According to the analysis of MM. Derosne and Henry, it consists of tannin, red coloring matter, and glycirrhizine, and a peculiar acrid principle, which they have named *monesine*.

"Like numerous other medicines when first introduced, monesia was extravagantly lauded as a remedy possessing powerfully astringent properties; but experience has, however, proved that it is much inferior to either kino or catechu, and it probably may take an intermediate station between those substances and extract of rhatany. It has been used in all cases where astringents are admissible, both externally and internally, but the disease in which it appears to have been most serviceable is chronic diarrhœa.

"D. and M. of Adm.—In substance, from five to fifteen grains. *Tinctura monesiæ*, Donovan (extract of monesia, one ounce; proof spirit, nine and a half fluid ounces; water, two fluid ounces. Mix; and when the fæces have subsided, pour off the tincture). Dose, one to two fluid drachms. *Mistura Monesia* (extract of monesia, two scruples; water, seven and a half fluid ounces; compound tincture of cardamoms, half a fluid ounce. Mix). Dose, half to two fluid ounces two or three times a-day.

"Incomp.—Mineral acids; salts of iron, zinc, and lead; opium; and sulphate of quina."—p. 45.

"Chiretta, E—*Chiretta or Chirayta. The herb and root of Agathotes Chirayta.* A native of the northern parts of the continent of India; belonging to the natural family *Gentianaceæ*, and to the Linnæan class and order *Pentandria Monogynia*.

"B. C.—Annual; stems smooth, jointed, branched, erect, about three feet high; leaves opposite, amplexicaul, very acute; flowers yellow, very numerous, stalked, in terminal panicles.

"P. P.—As met with in the shops, chiretta consists of the root, stems, and branches. The stems are round and smooth, about the thickness of a writing pen, with a shining brown epidermis, and a yellow spongy pith. The whole plant has a purely bitter taste, without any astringency.

"C. P.—Chiretta is composed of resin, yellow bitter matter, brown coloring matter, gum, malic acid, salts of potash and lime, and traces of oxide of iron (Lassaigne and Boissel). It yields its bitterness to water and to alcohol.

"Th. E.—Chiretta is a powerful bitter tonic, bearing much resemblance to gentian; under its use the bowels are relaxed, and the secretion of bile promoted; it is, therefore, peculiarly adapted as a tonic for dyspepsia, accompanied with constipation.

"D. and M. of Adm.—In powder, a bad form, ten to twenty grains. *Infusum Chirettæ*, E (chiretta, four drachms; boiling water, one pint. Infuse for two hours, and strain through linen or calico). This infusion would be better prepared by using double the quantity of chiretta, and employing cold water. Dose, one to two fluid ounces. *Tinctura Chirettæ* (chiretta, two ounces; proof spirit, sixteen fluid ounces. Macerate for seven days, and filter). Dose, one to two fluid ounces."—p. 343.

"Copaiva is very much adulterated—so much so, that it is difficult to meet with a perfectly pure specimen. The impurities usually found in it are oil of turpentine, or some fixed oil—as castor oil—poppy-seed oil, rape oil, &c. Oil of turpentine is readily discovered by the odor, when it is dropped on a heated spatula. The presence of any fixed oil may be detected by the greasy areola which surrounds the spot of resin left, on gently evaporating over the flame of a lamp a drop or two of the suspected balsam on unsized paper. The tests of the Edin. Pharm. for its purity are as follows:—'Transparent; free of turpentine odor when heated; soluble in two parts of alcohol; it dissolves a fourth of its weight of carbonate of magnesia, with the aid of a gentle heat, and continues translucent.' To these we may add the most satisfactory test for the usual adulteration—that with castor oil, as proposed by Planche, 'pure balsam agitated with solution of ammonia, of the density ·965, becomes clear and transparent in a few moments, but remains turbid if castor oil be present.'

"D. and M. of Adm.—Ten minims to one fluid drachm. In consequence of its very nauseous taste, a great many ways have been proposed for administering copaiva; but it appears to me to act with greater certainty, and to cause less disgust, when given floating on a wineglassful of water, to which a drachm of some aromatic tincture—as tincture of orange-peel—has been added. It is sometimes given in the form of pill prepared by boiling the balsam with calcined magnesia or with hydrate of lime; a sufficient degree of consistency will be obtained in four or five hours with the latter, while from twelve to fifteen hours will be required to produce the same result with the former. The process of M. Thiene is as follows:—Rub together, in a marble mortar, fifteen parts of pure copaiva, and one part of the hydrate of lime (or two parts of calcined magnesia), put the mixture over a water-bath, and stir from time to time till the lime has disappeared; keep up the fire for four hours, or for fifteen hours if magnesia be used. The mass may be divided into six grain pills, of which from six to twelve may be taken two or three times

daily. More recently copaiva has been administered enclosed in gelatine capsules, for preparing which the following method is followed :—The polished bulbous extremities of iron rods are oiled with almond oil, and then dipped into a warm concentrated aqueous solution of ordinary or bleached gelatine, which is of the consistence of thick honey; it is then rotated quickly till the gelatine congeals, when the capsules are to be removed gently with three fingers, and laid on a loose hair-sieve to dry; when perfectly dry, they are filled to the margin by means of a glass drop-tube with copaiva, and the mouths closed with a warm solution of gelatine (Steege). The nostrum known as *Franks's specific solution* may be very closely imitated as follows: Copaiva, two parts; liquor potassæ, three parts; distilled water, seven parts; boil for a quarter of an hour, then add spririt of nitric ether, one part; allow it to stand a few hours, and draw off the clear liquid by means of an orifice in the lower part of the vessel. The dose of this mixture is two fluid drachms three times a-day. *Oleum Copaibæ*, E.—The oil is preferred by many to any other preparation of copaiva, but I have frequently seen it fail; the dose is from fifteen to thirty minims dropped on sugar. *Resina Copaibæ.*—This preparation is very properly almost entirely discarded from practice; the dose of it is from ten grains to half a drachm."—p. 301.

We may, in conclusion, recommend the work to our readers as a good and convenient book of reference. The formulæ in the appendix relate principally to the rarer medicines of recent introduction.

ACADEMY OF SCIENCES, PARIS.

February 19, 1844.

MUSCULARITY OF THE IRIS.

M. Maunoir, of Geneva, communicated a paper, in which he endeavoured to demonstrate the muscular nature of the iris. The author regards the iris as composed of epithelium, mucous tissue, muscle (a dilator and a sphincter), cellular tissue, black pigment, and finally cellular membrane uniting and enveloping the different parts. The two muscles of the iris in man are apparently continuous with each other. The external muscle is of a radiaiing form; it arises from the ciliary ligament, and its fibres are inserted perpendicularly into the large circumference of the sphincter or orbicular muscle; the small circumference of this latter forms the pupil. The dilator muscle forms about three quarters of the disc of the iris, and the sphincter the remaining quarter. These anatomical researches were confirmed by galvanism. Finally, the author adduces the following curious case in support of his views.

J. R. accidentally wounded the globe of his left eye with the point of a knife; the injury was inflicted about the 15th of July, 1843. On the 30th of the same month the eye presented the following appearances. It was much injected, and the iris was drawn close to the cornea, at the inferior left part of which was distinguished a transverse, greyish cicatrix; this portion of the pupil was slightly elongated upwards, perfectly blank and moveable. A second pupil, quite black also, but of triangular shape, was seen above the cicatrix; it was sensible to the action of light, but dilated at the moment the regular pupil became contracted, and *vice versâ*. The sight of the eye was slightly enfeebled.

EXTIRPATION OF THE TONGUE.

Professor Schillott, of Strasbourg, communicated a case of cancer of the tongue, requiring extirpation of that organ. The cancer occupied the whole of the left side of the tongue, as far back as the epiglottis. The operator commenced by extracting the first incisor tooth on the left side, and then divided, by a vertical incision, a little to the left of the median line, the lower lip and integuments down to the os hyoides. He next passed a straight knife behind the left side of the jaw, and divided the bone with a saw. Two assistants held the divided portions of bone asunder, and the soft parts were separated from the left ramus, as far as the velum palati. The tongue was now divided with a strait bistoury along the median line and the left moiety of the organ removed, as far back as the epiglottis. The operation was not attended with any difficulty; the lingual artery was tied, and all bleeding ceased at once. The divided portions of the lower jaw were brought into contact and sustained by a small plate of gold running along the teeth; the lip was united by the twisted suture, and a pledget of lint was left in the lower part of the wound to carry off the mucus and pus. The patient bore the operation well; the tongue was not retracted. On the ninth day after the operation the lip was united, the bones were becoming consolidated, and everything promised a speedy cure.

DUBLIN PATHOLOGICAL SOCIETY.

RIMA GLOTTIDIS CLOSED BY WARTY VEGETATIONS FROM ITS MARGIN.

Dr. Stokes said the case from which he had the recent specimens, which he then laid before the society, was one of great interest, as connected with the performance of the operation of tracheotomy, and the circumstances which would indicate it to be necessary. It was a case presenting the unusual circumstance of a fatal chronic disease of the larynx, without disease of the lung, and without the usual symptoms of mechanical obstruction to the respiration. The subject of the case was a house-painter, aged thirty-four, admitted into the Meath Hospital on the 10th instant. This man had colica pictonum thirteen times, and his upper extremities had been paralysed three times. His voice had gradually become very weak, and about eight months ago he became troubled with a cough and expectoration of a viscid mucus, but had neither hæmoptysis nor pain in the chest. At the time of his admission he was extremely emaciated; his countenance pale; lips blue; mouth, teeth, and tongue covered with sordes. His aspect was altogether that of a person suffering from profound disease, and whose constitution had completely given way. There was difficulty of breathing. On looking into the throat nothing could be perceived but general relaxation. The uvula appeared enlarged, but there was neither ulceration nor cicatrix in the throat. The epiglottis felt healthy, and was not enlarged. There was no dysphagia, and no tumor in the neck. The respiration was sometimes difficult,

sometimes easy and tranquil; there was never orthopnœa. There was occasionally stridor, but it was very slight, and only occurred when the patient was excited. The voice was very weak. The respiratory murmur was almost inaudible; sometimes some slight bronchial râles would be heard in the chest; sometimes a very slight degree of dulness might be perceived. The impulse of the heart was well defined, and the sounds normal. When the respiration was suspended by voluntary effort, the first sound of the heart became inaudible. To form a diagnosis in this case, it would have been necessary to determine whether the stridulous breathing was caused by a disease of the larynx alone, or complicated with tubercle of the lung; or whether it might not be produced by the pressure of a tumor, either malignant or aneurysmal. It was ascertained not to be caused by pressure, but it was not so easy to determine whether the lungs were engaged or not. The vocal phenomena were, in fact, useless in this case, and no useful result could be had from the physical examination of the chest.

The difficulty of breathing increased, but there were no violent paroxysms of it. The stridor would, perhaps, accompany three or four inspirations, and then intermit. At night there was some slight aberration of mind, but when roused he was perfectly intelligent. He had been despaired of from the time of his admission, and died in about a week afterwards. After death the body was examined. It was then found that the glottis was completely obstructed by a growth of warty vegetations round the lips of the orifice, which was so perfectly closed that water would not pass through into the larynx when poured upon it. The disease was singularly localised. The epiglottis was quite healthy. The trachea was free from disease. The lungs were free from tubercle, and presented only a slight degree of sanguineous congestion in the lower lobes. There was a frothy mucus in the bronchi. There was no appearance of ulceration below the obstruction. The ventricles of the larynx were a little contracted, and the thyroid cartilage in a state of ossification. There had been a case some time ago in the Richmond Hospital, the symptoms of which were great dyspnœa occurring in paroxysms, with stridulous breathing and raucous voice. In that case the obstruction of the larynx depended on the growth of excrescences about the glottis; it was connected with syphilis, and was relieved by tracheotomy. In the present case there had never been any syphilitic affection.

ASCITES CONSEQUENT ON SCARLATINA—COMPRESSION OF THE LUNG BY THE DISTENDED PERITONEUM—BRIGHT'S DISEASE IN KIDNEY.

Mr. O'Ferrall said, the specimens which he had then to lay before the society were taken a few days ago from the body of a girl, six years of age, who had become affected with ascites after scarlatina. She had been only in St. Vincent's Hospital, under his observation, for a few days before her death. He observed that the ascites was large and well marked, while there was but a slight degree of anasarca, and that limited to the lower extremities. There was great difficulty of breathing, and a severe pain in the left hypochondrium, which caused the child to scream violently and frequently. Under these symptoms she gradually sunk, and for seven or eight hours before death was completely comatose. It was thought that some relief might have been obtained by paracentesis of the abdomen, but to this operation the child's family would not consent. When the body was examined after death, it was found that the abdomen contained a large quantity of straw-colored fluid, with which the peritoneum was distended, and the viscera forced from their natural situations. The liver had been driven upwards, as high as the fourth rib, by this accumulated fluid. As soon as the abdomen was laid open, and the fluid evacuated, the viscera were observed to resume their normal situations; the liver descended. There was no lymphy deposition in any part of the abdomen. The peritoneum throughout had the appearance of having been a long time bathed in fluid. The liver was congested, and its serous coat opaque. A very interesting circumstance was the existence of Bright's disease in the cortical structure of the kidney [which was well represented in a drawing made from the recent part]. The distention of the abdomen had diminished the capacity of the chest. The lungs had been so compressed that they had the appearance of carnified lung, though they were not quite so solid, and hence the great dyspnœa so obvious in the latter stages of the illness. The remarkable features in the case were these—the occurrence of Bright's disease with very little anasarca, and the diminished volume of the lung, giving it, to a great degree, the appearance of carnification.

PERICARDITIS, WITH FALSE MEMBRANES IN A STATE OF EXTREME HYPERÆMIA.

Mr. O'Ferrall presented an example of pericarditis, with enlargement of the heart. The subject was a boy of eleven years of age, who had sunk, at St. Vincent's Hospital, under repeated attacks of pneumonia, complicated with irritable bowels, and whose strength had been previously much exhausted, first from scarlatina, six months before his death, and afterwards from acute rheumatism, two months previous to the same, from either of which attacks he but imperfectly recovered. When admitted into hospital, his looks appeared evidently cachectic; he had dulness and frottement in the lower part of both lungs; there was no evidence, however, of liquid effusion. He was relieved by treatment, but only to suffer another attack of pneumonic inflammation; and after a series of these relapses he died. Upon examination of his thorax, the lungs were found in the condition that the physical signs would lead to be expected. Besides this the heart was enlarged, and the sufaces adherent by bands of lymph, in the process of organisation. It was to the appearance of this lymph that Mr. O'F. wished especially to draw attention. At the first glance one would suppose it to be composed of coagula of blood, so deeply colored was it, yet the small quantity of fluid contained in the sac of the pericardium did not contain a single blood globule. Mr. O'Ferrall would remind the society of a case of true hæmorrhagic pericarditis, which he had presented to them three years ago, and of which he now produced a drawing. In that case the blood had evidently been effused along with the lymph; but the

present appeared to be a case where the organising lymph owed its deep red color to excessive hyperæmia. It was impossible, of course, to prove the truth of this position by injection, the greater number of the highest pathologists having been hitherto unable to trace the vessels of organising lymph into the neighbouring tissues, if indeed they really have such communication; but it had been ascertained that channels for the conveyance of blood existed in the lymph before the existence of vessels with proper coats; and from the appearance of the lymph in this case it was probable that the hyperæmia here existed in such channels.

ACUTE GASTRITIS, WITH SYMPTOMS OF POISONING.

Mr. Robert W. Smith said he wished to lay before the society a specimen which was highly interesting in a medico-legal point of view. The subject was a female, aged twenty, who had been admitted into the Hardwick Hospital, in the last stage of peritoneal inflammation; she had been a prostitute, and had given birth to a child about a week before her admission; soon after parturition she was attacked with symptoms of gastritis and peritonitis, which proved fatal within twenty-four hours after her admission into hospital. The child had been found dead, concealed under the floor of the room in which the mother had been delivered. Upon examination of the body, the anatomical characters of acute peritonitis were found, lymph had been copiously effused; the stomach was in a state of intense inflammation; in some places the mucous membrane presented patches of the brightest scarlet, the vessels being distinct, and arranged in an arborescent form; in others the membrane was perfectly black, as in case of poisoning by sulphuric acid, but there was no abrasion either in the œsophagus or stomach; the most careful chemical analysis (in conducting which Mr. Smith had the valuable assistance of Professor Apjohn) failed to detect the presence of any poison.

CRYPTOGAMIC VEGETATIONS ON THE MUCOUS COAT OF THE STOMACH AFTER DEATH.

Dr. Lees produced portions of the stomach and upper part of the intestinal canal of a corpse that had been interred three months ago, and exhumed during the last week for medico-legal investigation. The mucous surface of the stomach was of a deep chocolate color, and on it were scattered numerous white circular bodies, elevated at the edge and depressed in the centre; some of these were very minute, and had the appearance of a white powder sprinkled on the membrane. This appearance had been noticed by Orfila as one of those which had been mistaken for arsenic. Buchner too had mentioned a white granular substance containing fat, found lining the stomach. The question arises, what is the intimate nature and origin of these bodies? Are they fungi? they are certainly not calcareous depositions. They are partially soluble in alcohol, and they melt before the blowpipe. They have not been described as fungi by any writer on medical jurisprudence that Dr. Lees was acquainted with. The scales in tinea capitis were by some supposed to be of vegetable origin. Christison and other writers might be consulted as to this appearance.

DISSECTING ANEURISM OF THE ASCENDING AORTA BURSTING INTO THE PERICARDIUM.

Dr. Lees exhibited to the society a specimen of an unusual variety of aneurism of the ascending portion of the arch of the aorta. The subject from whom the specimen was derived was a woman about sixty years of age, who was apparently in perfect health on the day of her death, which occurred during the last week. After breakfasting heartily, she suddenly screamed, fell back, and expired in five minutes. On opening the pericardium a large quantity of coagulated blood was found interposed between it and the heart, which was adherent at several points to the pericardium, evidently the result of a former attack of pericarditis. The heart was hypertrophied. There was a rent about two inches long in the cellular coat of the posterior wall of the ascending aorta. The longer axis of this rent corresponded to that of the artery just where the pericardium is reflected from the aorta on the pulmonary artery. The external and middle coats of the aorta in this situation were separated from each other for a considerable space by a quantity of coagulated blood, which reached superiorly as high as the junction of the transverse with the descending portion of the arch, and inferiorly as low as the base of the heart. The cellular coat having been slit up anteriorly, there was brought into view a large transverse rent in the internal and middle coats, not coinciding with the opening in the external coat. It was about an inch in extent, and was situated in the anterior wall of the ascending aorta, at the distance of an inch and a half above the heart. There was an atheromatous deposit in the mitral and aortic valves, aad also between the internal and middle coats of the aorta and of the large vessels arising from the arch. Dr. Lees remarked, that this unusual form of aneurism had been described by Laennec, aud that similar cases had been recorded by his friend Mr. R. W. Smith in the ninth volume of the "Dublin Journal of Medical Science."—*Dublin Journ. Med. Sci.*, March, 1844.

REPORT ON THE RESULTS OF INOCULATION IN MEASLES.

By Dr. M. Von Katona, of Borsoder, in Hungary.

In a very malignant and wide-spread epidemic of measles in the winter of 1841, the author inoculated 1122 persons with a drop of fluid from a vesicle, or with a drop of the tears of a patient with measles. The operation was performed in the same manner as inoculation for small-pox. It failed in 7 per cent. of those on whom it was tried, but in all the rest it produced the disease in a very mild form, and not one of them died. At first a red areola formed round the puncture, but this soon disappeared; on the seventh day fever set in, with the usual prodromi of measles; on the ninth or tenth the eruption appeared; on the fourteenth desqamation commenced, with decrease of the fever and of the eruption; and by the seventeenth the patients were almost always perfectly well again. —*Dub. Med. Press.*

ABUSES OF HOSPITALS.—REPLY TO "ONE OF THE OLD SCHOOL."

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The observations of "One of the Old School," in the Journal of Feb. 10, have elicited the following remarks on some abuses of the numerous medical charities existing in our towns, which exercise a prejudicial influence on our profession at large, but more especially on the interests of the general practitioner.

I cannot coincide with your correspondent, in thinking "division of labor" in our profession either useless or hurtful in its operation; but recognise in this principle, if duly regulated, the most effective agent in increasing our knowledge of individual classes of disease, from its tendency to concentrate the attention on some definite points of research, and from bringing together a large number of cases of one disease; thus allowing of that extensive comparison of symptoms, and application of remedies, which alone offer the means of attaining to correct pathology, or to successful modes of cure.

But, while maintaining the benefits capable of being derived from institutions for special objects, I most fully agree with your correspondent in condemning the motives which too generally regulate their action, merging their legitimate and higher aims in the selfish principle of personal aggrandisement.

I would recognise in every man the right of appearing before the public in whatever way he may think fit, as devoting his time more especially to any particular form of disease; but at the same time I am not blind to the vast amount of injustice continually perpetrated in allowing individual interests to overstep those feelings of justice we should jealously maintain for the claims of others.

The source of the great evil I complain of, lies in not enforcing the qualification of a certain amount of poverty—a fixed standard of weekly earnings—as necessary to the reception of gratuitous advice.

The evils arising from the neglect of this discrimination are numerous, and depressing in their influence; but show themselves especially in curtailing the resources of medical emoluments, and in so lowering the value of our professional services as to degrade our dignity, and lessen our respect with the public. My remarks apply especially to physicians, who, precluded by their station from receiving the fee of the general practitioner, give gratuitous advice at their own houses, or at public institutions, to patients, who, though unable to pay *them*, are able and willing to pay the charges of the general practitioner. In this manner a great injustice is committed towards the great body of our profession, and a desire for reputation or emolument, through this means, is allowed to overlook those principles of action, which justice and honor dictate towards our brethren.

I speak not ignorantly or unadvisedly on this point; cases of this description are *constantly* coming under my notice, and an instance occurred to me within the last week where a patient received gratuitous advice at one of these institutions, who confessed to me he was at the time in possession of from £7,000 to £10,000.

It is too much the fashion of the present day to talk loudly about medical etiquette, and prate of the honorable feelings actuating our profession, at the same time that means are made use of, under the shadow of benevolence—of charity—which if tested as to their motives, would alike belie the professions of their authors and prove anything but just to the claims of others.

By the greater number I am willing to admit this injustice is committed through negligence or forgetfulness, or from an excess of benevolence, being unwilling to deny to any the benefit of their skill; but it is no less an evil on this account, and calls aloud for a remedy, which we may look for in vain from the honesty of the public.

In making these remarks, I would be far from unnecessarily curtailing that labor of charity, which I feel proud to think so pre-eminently attaches to the medical character; but let us remember that *true* charity is guided by justice, and that our principles of action become valuable as they merge personal advantage in a just consideration for the claims of others. One great evil attaching to our profession at present, is the depreciated value attached by the public to medical skill; and amongst the various causes in operation *amongst ourselves* tending to this end, the one I have spoken of appears to me one of the most injurious in its influence.

Yours obediently,

A Member.

Feb. 21, 1844.

WATER-DRESSING.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—May I crave a corner in your valuable Journal, just to exculpate myself from an unfair and groundless accusation on the subject of water-dressing, as a cure for bunions and corns.

Nothing could be farther from my thoughts than any idea of *claiming originality on this subject;* and most presumptuous, indeed, would it have been for me to have set up the most distant claim to the enunciation of a great principle in surgical practice, brought out *so long since* by the late eminent Dr. Macartney.

The suggestion of the application of this principle I believed would be useful; it *has* been useful, and, perhaps, *may be* still useful, even to your irritable correspondent Dr. Ashburner, who, for aught I know, may be a sufferer from *corns, bunions,* or *bile.* I regret Dr. A. could not read my short communication without finding in it so many faults; and can only say that I am content to bear his anathemas, if the simple treatment suggested shall be found useful to any individual suffering from so common but painful an ailment.

I remain, Gentlemen,

Yours obliged,

Edmund Humpage.

Bristol, Feb. 22, 1844.

MR. CHADWICK ON THE MISCHIEFS OF DRUGGISTS' PRACTICE.

We will make no apology for transferring to our pages the following passage from Mr. Chadwick's Report on Interment in Towns, in testimony of the mischief which results to the children of poor people, who are in the habit of resorting to the druggist for advice and medicine:—

"Mr. Leigh, the surgeon, acts as one of the registrars of Manchester, and adverts to one source of mortality amongst infants, which appears to be widely extended in the town districts. It is a practice with mothers who go to work to leave their children in the care of the cheapest nurses, who commonly neglect the infants, and have recourse to Dalby's carminative in large quantities to quiet them. It is his opinion that a large number of them fall a sacrifice to this and other improper modes of treatment. For example, says Mr. Leigh, 'There is one evil of the extent of whose existence I had no conception, till I had for some time held the office of registrar. In decrying this, I would beg distinctly to disavow any private professional feeling. I allude to the great number of cases in which either no medical at all, or, what is nearly as bad, improper medical treatment had been resorted to. I think, in nearly one-fourth of the deaths of infants reported to me, on inquiry I find that the little patients had been attended by incompetent and unqualified practitioners, chiefly retail druggists. Cases of croup and inflammation of the lungs, which are eminently benefited by medical treatment, and in which prompt and decisive measures often preserve life, are treated by them; and I have reason to know, by inquiries into the details of the cases, that bleedings, calomel, and the remedies absolutely requisite in such cases, are never, or very rarely, employed; whereas, under proper medical treatment, most of such cases would recover. Under these circumstances, these men themselves become fertile sources of mortality to the young.'"

In a subsequent communication he states,—

"'I find that in the month of January just passed I registered the deaths of 33 children under four years of age; of these 9 were attended by druggists; I believe all by one who has received no medical education. This is at the rate of 108 per annum. Three of the children had no assistance at all, making 12 out of 33 that might possibly have been saved. This number (33), however, is below the average of the year, for in the three months preceding there died in the district, of children under four years, 133, or 44 per month; and during the quarter ending September 30, 1842, 169, or 56 per month; and the general number of those having no attendance, or being attended by druggists, is fully one-third, so that 100 per annum is much below the truth. I some time ago requested Mr. Bennett, the registrar for the Ancoats district, to make similar notes on the cases reported to him, and, on inquiry from him, I have reason to believe that the evil exists to as great an extent in his district as in mine.

"'I find that in most of the cases no efficient medical treatment was adopted. Cases of pneumonia are seldom or never bled, or proper remedies applied. The disease is, probably, not recognised, and, if it were, the treatment and extent to which it should be pursued is not known to the parties prescribing.'

"A similar practice appears to be prevalent also in the mining districts of Staffordshire and Shropshire. (Vide Reports of the Sub-commissioners for Inquiring into Employment in Mines, Vol. I., pp. 22, 23; articles 182-6; and pp. 38, 39; pp. 305 to 315; and the recent report respecting the employment of children at Nottingham.) In the course of some recent inquiries by Dr. Lyon Playfair, he found the increasing sale of opium in the manufacturing towns was ascribable to the increasing use of it in the form of carminative, or, as it was named, 'quietness' for children, and that the consumption of opium by adults has diminished. On inquiring, from the druggists who sold the opium, what was the cause of the diminished consumption by the adults, the uniform answer was the 'distress of the times,' which compelled them to dispense with luxuries. He, however, ascertained clearly that from this terrible practice great numbers of children perish, sometimes suddenly from an over-dose, but more commonly slowly, painfully, and insidiously."

PROVINCIAL PHYSICIANS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—With regard to the clauses proposed by "Medicus," to be introduced in the new charter of the College of Physicians, there can be no manner of doubt as to the propriety of their adoption. I would, however, venture to enlarge the number of universities specified, as, where reform is wished to be effected, it should always be conducted on a liberal scale, and, therefore, move that "graduates of *all* universities of a respectable standing, where *residence* is a *sine quâ non* for a degree, and who have been three years in practice as a physician in any part of England," &c. &c. &c.

To prevent the rapid increase of Scotch and German degrees in England, I would interdict all colleges and universities *which have ever trafficked in the sale of degrees* from being admitted to a participation of the proposed clause. Should the London College accede to the above proposition, upon a yearly publication of its members, those would be discovered who claim the title without the legal right, and an effectual remedy would thus be found to prevent the *M.D. mania* by *non residence*, from encroaching on the legitimate ranks.

I remain, Gentlemen,
Your obedient servant,
A Provincial M.D.

UNION MEDICAL OFFICERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In your Number of the present week "An Union Officer" considers the charge made by "A Provincial," "a grave one, that ought not to rest on slender foundation" (I am of the same opinion), and suggests that if his motives are "good (God forbid they should not), he should publish the names of the parties;"—and I think it is a duty *which he himself*, as

well as every other qualified practitioner, owes to the profession. This was my motive in drawing your attention to the subject, as you stated in a previous number of your Journal, that "the union medical officer is required to produce his license to practise medicine, surgery, and pharmacy." I will thank "An Union Officer" to inform me which of the above qualifications does Fred. Flower, of Maltby, possess (appointed by the Rotherham Union), and who was a minor in 1815? Which of the above qualifications also does James Burman, of Wath, possess, appointed by the Doncaster Union? Doubtful.

I must as yet remain, Gentlemen,

Your most obedient servant,

A PROVINCIAL.

RETROSPECT OF THE MEDICAL SCIENCES.

MR. FARR ON THE CAUSES OF MORTALITY IN TOWN DISTRICTS.

The atmosphere, besides oxygen and nitrogen, contains carbonic acid and aqueous vapor. The mean proportion of carbonic acid is 49 volumes in 100,000 volumes of air, according to the younger Saussure, who also states that it varies from 37 to 62 volumes. Mr. Coathoupe has estimated the quantity of air which passes through the lungs of a man of ordinary size in 24 hours at 267 cubic feet, of which nearly 8 per cent. by volume, or 21 feet, are exchanged for carbonic acid; the bulk would be equivalent to a cube of 6·4 feet. If, for a mere illustration, we assume that, on an average, 16 cubic feet of the gas are thrown off from the skin and lungs of each person, 30 million cubic feet will be exhaled daily by the population of the metropolis, distributed over an area of about 1951 million square feet. Add the amount of the same gas formed by animals of every kind—fires, lamps—and multiply the sum by 100, inasmuch as respiration for several hours in air which contains 1 or 2 per cent. of carbonic acid has been found to produce alarming effects (Broughton), and it will be seen that the amount of air vitiated in the metropolis, by this element alone, is by no means inconsiderable.

Is the excessive mortality, then, in towns to be ascribed to the accumulation of carbonic acid, or of any other similar gas, which is so rare as to be innoxious in open districts? It was natural, when it had been discovered that carbonic acid mixed in air destroyed animals, and after the accidents in mines and closed chambers had been traced to this agent, to ascribe the excessive mortality of towns to the same cause. Further investigation must show, I think, that it has but a small share in raising the mortality of towns, the provision for its dispersion is so complete. * * * *

To form an idea of the dispersion of the carbonic acid gas generated in towns, according to the pneumatic law, assume that 1000 cubic feet are formed per second; it will be equal to a cube of 10 feet. Now, if this volume of carbonic acid were in the centre of a vacuum, it would disperse in every direction at a velocity of 1049 feet a second. It is nearly the velocity of sound. A particle would fly a mile in 5 seconds, 12 miles in a minute. The velocity of a "high wind" is 50 feet a second, "a hurricane that tears up trees" 147 feet a second—one-seventh of the velocity with which carbonic acid rushes into a vacuum. If the gaseous film evolved every second over the area of the metropolis were pure air, it would only move slowly away, by the impulse with which it was thrown off, and because it was lighter than the atmosphere; but, as it is carbonic acid, the surrounding atmosphere is a vacuum, into which its rush is opposed only by the small quantity of carbonic acid gas existing, and the sluggishness of the aerial particles. The rapid removal of this gas from cities is effected by a force much greater and altogether independent of the winds. It is carried rapidly through the air, until it is fixed again by vegetation and exchanged for oxygen, which flows into the atmosphere of cities, according to the same law, to replace the oxygen consumed.

These results are confirmed by chemical analysis of the air. The differences in the quantity of carbonic acid in winter and summer, night and day, are considered by Dumas due to more of the gas being absorbed, retained, and brought down by rain in cold than in warm weather. They are meteorological changes extending over all the atmosphere. Chemists have hitherto failed to detect any excess of carbonic acid gas in cities. A commission is now sitting in Paris, engaged in the analysis of the atmosphere by Dumas's method, which is held to yield the most accurate results. I am not aware that the air of any place in England has been analysed by the new method; but the observations in other countries show no diminution of oxygen in the city air. Thus the oxygen was to the nitrogen in the air of Paris as 230·0 to 770·0 (by weight); and on Faulhorn, in Switzerland, 8767 feet above the level of the sea, as 229·7 oxygen to 770·3 nitrogen.

Carburetted hydrogen and sulphuretted hydrogen arising from graves are less dense, and are dispersed more rapidly than carbonic acid; scarcely a trace of them can be detected.

Carbonic acid, and other noxious gases, can, as is well known, be confined for a time in well-closed apartments, and oxygen can be excluded; but the dispersive force is so great, that chemists have seldom succeeded in detecting any difference in the proportions of the gases, even in the air of crowded hospitals. If any difference exist it must be small, and might have a slight effect on health; but, as the experience of our collieries proves, would not raise the mortality to anything beyond a fraction of 40 per cent.; besides, the country is exposed, as well as the town population, to the influence of deleterious gases in the close chambers of small cottages.

It is, then, to matters suspended in the atmosphere of cities that the excessive mortality must be referred. Smoke is heated gas, carrying with it unburnt particles in suspension; the carbonic acid is scattered immediately by its diffusive velocity, and the particles of solid matter, carried up by the heated air into the sky, disperse, become invisible, and fall around insensibly, in a clear atmosphere, or at a distance when there is any wind. If the air contain watery vesicles also in suspension, the column of smoke ascends bu

a little, the carbonic acid is absorbed, the carbon imbibes water and air, it mixes with a watery cloud, and all the phenomena of a London fog are produced. These fogs are caused apparently when the temperature of the Thames is higher than the temperature of the air, which is calm (or if there be any wind it is nearly saturated), the fogs generally disappearing as the temperature of the air is raised by the sun.

That the smoke is irritating to the air-passages, injurious to the health, and one of the causes of death to which the inhabitants of towns are more exposed than the inhabitants of the country, is exceedingly probable; but if the effect were very considerable, it would be most evident in the dense fogs, when the atmosphere is loaded with smoke, and breathed for several consecutive hours by the population—men, women, and children. Now, we have never observed any connection between the increase of the mortality and the London fogs. The diseases, again, caused by smoke must be of a mechanical nature, and affect the lungs and air-passages; it may increase the pulmonary diseases, but will assuredly not produce scarlatina, measles, typhus, and other diseases which prevail in towns.

There is another class of agents. In a school-room say there are 100 children; a child is introduced, for a few hours, in a state of scarlatina. The children have not had the disease before; 10 of them are affected. If 10 children with scarlatina were introduced, and the room were ill ventilated, 30 or 40 of the children might be affected. If, instead of scarlatina, the sick children had small-pox, measles, or hooping cough, these diseases would be communicated. If dysentery, cholera, typhus, and plague patients are frequently into barracks or workhouses, a certain proportion of the inmates are affected. The numbers who are attacked by an infectious disease depend upon—1st, the susceptibility of the persons exposed (if the children in the school-room had previously had small-pox, or been vaccinated, a very small proportion of them would be infected by breathing the small-pox atmosphere); 2ndly, on the strength of the zymotic matter, which varies in the stages and forms of the several diseases; and, 3rdly, on the density and ventilation of the room. If 100 healthy were placed in a room in immediate contact with 10 sick persons, if the room were small, the doors and windows closed, the greatest number possible would be infected; and if they went through the disease in the same circumstances, the mortality would also be the greatest possible. So, if public buildings, in which crowds of people assemble, were well supplied with pure air, it would be quite safe to resort to them; but as opera houses, theatres, concert rooms, lecture rooms, Exeter-hall, chapels, churches, and large workshops, are not provided with the proper mechanical means of ventilation, and the air is not withdrawn, the very walls reek, when filled, with the breathed atmosphere; and if any epidemic—such as influenza—be rife, several persons affected with the complaint are present, and great numbers are infected; the headache and oppression which come on are the first and often not the last symptoms. This literally "taking poison," but it is generally called "taking cold," through the common prejudice of ascribing all our maladies to sensible causes. It is a vulgar error to suppose that rooms are healthy when they are not hot; but the heat which is generated may increase the effect of the zymotic matter.

Certain substances, then, taken from the bodies of the sick, produce, when introduced into other bodies, a series of specific phenomena, developed according to a determined type—*varioline* (small-pox matter), for instance, produces small-pox. These substances have the same relation to diseases as ferments have to well known chemical processes. Several of them will float in the air, and form a morbid atmosphere, the density of which will be in proportion to the proximity of the bodies by which it is given off, and to the greater or less facility for escape. The 267 feet of air passing through the lungs daily, if charged with these particles, will bring then into contact with the blood.

What are the physical properties and chemical nature of these morbific particles? Chemistry has left us much in the dark; but, until English chemists enter seriously upon the investigation of this subject (which is of inconceivable importance), we may accept the well-supported hypothesis of Professor Graham:—

"Of the odoriferous principles of plants, the miasmata of marshes, and other matters of contagion, the presence, although sufficiently obvious to the sense of smell, or by their effects upon the human constitution, cannot be detected by chemical tests. But it may be remarked, in regard to them, that few or none of the compound volatile bodies we perceive entering the atmosphere could long escape destruction from oxidation. The atmosphere contains, indeed, within itself the means of its own purification, and slowly but certainly converts all organic substances exposed to it into simpler forms of matter—such as water, carbonic acid, nitric acid, and ammonia. Although the occasional presence of matters of contagion in the atmosphere is not to be disputed, still it is an assumption without evidence that these substances are volatile or truly vaporous. Other matters of infection, with which we can compare them—such as the matter of cow-pox—may be dried in the air, and are not in the least degree volatile. Indeed, volatility of a body implies a certain simplicity of constitution and limit to the number of atoms in its integrant particle, which true organic bodies appear not to possess. It is more probable that matters of contagion are highly-organised particles of fixed matter which may find its way into the atmosphere, notwithstanding, like the pollen of flowers, and remain for a time suspended in it—a condition which is consistent with the admitted difficulty of reaching and destroying those bodies by gaseous chlorine, and with the washing of walls and floors as an ordinary disinfecting practice."

It is quite certain that animal matter is exhaled from the pulmonary and cutaneous surface. The particles are small and rare, but, according to Graham, they are inelastic; they are without that diffusive force inherent in gases and vapors, and will, therefore, only spread through the air like vesicular water, or fine dust over smooth water. When the breath is expired in winter, it passes from the lung with a certain force, but it instantly separates into two

portions, 1st, the carbonic acid, which would fall to the ground if it were not dispersed in all directions by the diffusive force; and, 2ndly, the aqueous vapor which ascends with the heated air and particles of animal matter; the air to mix in air, the water to be condensed, fall, or be dissolved and the animal matter fall or be decomposed in the air. In a crowded room, theatre, or church, the carbonic acid is dispersed through every aperture at a retarding velocity. The gas exhaled from the body does not ascend to the roof, as is sometimes supposed, when the temperature of the room is low, for the specific gravity of carbonic acid is 1·524; and, as the density is inversely as the volume, the gases expand 1-493rd part (Rudberg) for every degree of Fahrenheit, it only becomes lighter than air when 258 degrees hotter. The carbonic acid emitted from the lungs at a temperature of 100° is more than a third heavier than air at 40°; its density is 1·359, air being 1·000. The carbonic acid emitted by the candles or gas of a room is more than as light again as air, but it soon cools and grows heavier, and, if it were not for the diffusive force, would fall to the ground. Gases cannot remain permanently at the upper or lower parts of any apartment or edifice in other proportions than they exist in the atmosphere; it would be easier for a torrent to stand still on a mountain declivity. They disperse, and can only accumulate around their source when generated rapidly. But particles in suspension—inelastic, smaller, lighter than motes in the sunbeam—stagnate in air, and can only fall to the ground, or be carried away with the fluid in which they float. Smoke and organic matters are removed from a room in the same way, by replacing all its gaseous contents, and particles of both are left adherent to the exposed surfaces, but in quantities smaller in proportion to the velocity of displacement.

Every population throws off insensibly an atmosphere of organic matter, excessively rare in country and town, but less rare in dense than in open districts; and this atmosphere hangs over cities like a light cloud, slowly spreading—driven about—falling—dispersed by the winds—washed down by showers. It is not *vitalis halitus*, except by origin, but matter which *has lived*, is dead, has left the body, and is undergoing by oxidation decomposition into simpler than organic elements. The exhalations from sewers, churchyards, vaults, slaughter-houses, cesspools, commingle in this atmosphere, as polluted waters enter the Thames; and, notwithstanding the powerful provisions of nature for the speedy oxidation of organic matter in water and air, accumulate, and the density of the poison (from the transition of decay) is sufficient to impress its destructive action on the living—to receive and impart the processes of zymotic principles—to connect by a subtle, sickly, deadly medium, the people agglomerated in narrow streets and courts, down which the wind does not blow, and upon which the sun seldom shines.

A small quantity of organic matter can only escape with the carbon and aqueous vapor, (37½ ounces daily, according to Dalton), from the skin and lungs. The presence of a putrid atmosphere is too evident in parts of all towns; and Liebig, by operating on large masses of the atmosphere, has obtained ammonia, which is a product of the putrefaction of animal matter. The existence in the atmosphere of organic matter is, therefore, incontestable; and as it must be most dense in the densest districts, where it is produced in greatest quantities, and the facilities for decomposing it in the sunshine and sweeping it away by currents of wind are the least, its effects—disease and death—will be most evident in towns, and in the most crowded districts of towns. It is to this cause, it appears to me, that the mortality of towns is to be ascribed; the people live in an atmosphere charged with decomposing matter, of vegetable and animal origin; in the open country it is diluted, scattered by the winds, oxidized in the sun; the vegetable world—the great organiser—incorporates its elements, so that, though it were formed, proportionally to the population, in greater quantities than in towns, it would have less effect comparatively. The means of removing impurities in towns exist partially, and have produced admirable effects; but the most casual observation must convince any one that our streets were built by persons entirely ignorant of the nature of the atmosphere, and of the mortality which has been proved to exist, and is referable to causes which, though invisible, are sufficiently evident. Every one feels the difference of the polluted and the pure atmospheres described by Milton—

> "As one who long in populous city pent,
> *Where houses thick and sewers annoy the air,*
> Forth issuing on a summer's morn, to breathe
> Among the pleasant villages and farms
> Adjoin'd, from each thing met conceives delight."

It is proved beyond doubt that, if the population be the same in other respects, an increase of density implies an increase of mortality; and that the ratio of increase in the mortality is as certain roots of the density. If a further and more extended inquiry, into which I have not time now to enter, should confirm the principle that the ratio of mortality in towns is as the 6th roots of the density of the population, it will be time enough to ask why this should be the particular ratio. But the chemists must first discover means of determining the density of the atmosphere of organic matter, which may be called the *zymotic atmosphere*, in different districts. The density of population is no strict measure of the density of the zymotic atmosphere; nor, admitting that the matter is a poison, does the relative density of the population express the relative doses inhaled in a given time; if it did, it is improbable, and contrary to all analogy, that the mortality should increase in the simple ratio of the dose. The exact effect of increasing doses of poison has not been accurately determined; but it is well known that small doses of all poison are taken with impunity, and that the dose of arsenic, opium, or prussic acid, may be increased up to a given point, at which the disease produced is severe or fatal. Four drops of prussic acid, diluted, may be taken with safety, when four drops more would be fatal to a certain number of persons. How large, or, rather, how small, the dose of matter may be which will produce a zymotic disease it is impossible to say; but if a minute diluted charge of *vaccinine* (vaccine lymph) produce cow-pox, say one time in 1000, it would be an interesting problem to determine, by doubling the quantity, in what ratio the proportions infected increased.

CASES OF DIFFUSE CELLULAR INFLAMMATION FOLLOWING VACCINATION. BY DR. OSBREY.

The first was that of a female child, aged five years, who had been vaccinated by a respectable practitioner in this city. This child was brought to me about three weeks after it had been inoculated. The arm was then greatly swollen, the swelling extending to the hand; the integuments of the upper arm were of a dusky leaden hue, and a large black slough occupied the situation of the usual crust of the vaccine vesicle. The child's pulse was weak and slow, not exceeding 64. The extremities were cold; tongue dry and coated. There was stupor almost amounting to coma. There was extensive sloughing and hæmorrhage from the mucous membrane of the mouth. The integuments of the cheeks adjoining the commissure of the lips were of a livid hue. The respiration was very much hurried, but no physical sign of disease could be detected in the chest. These formidable symptoms, I was informed by the child's parents, first presented themselves between the ninth and twelfth day from that on which it had been vaccinated. The practitioner who inoculated the child assured me that up to that period the vaccine vesicle ran a healthy course, and that he had vaccinated other children with the same lymph in whom the course of the vesicle was perfectly regular.

This child was of a delicate constitution, having been at times under my care for attacks of scrofulous ophthalmia, pneumonia, and bronchitis. Its health I understood was good at the time it was inoculated.

Complete recovery, though very slowly, was effected in this case by the following means:—The child's strength was supported by the exhibition of mild tonics and of the diffusible and permanent stimulants. The arm was kept constantly poulticed and fomented, until the sloughs separated, and was then dressed with simple dressings. Muriatic acid, slightly diluted, was occasionally applied around the sloughs of the mucous membrane of the mouth, and at times small doses of opium were given.

The second case was that of a male child, aged eighteen months, who was also vaccinated by a physician of character in this city. About the twelfth day from the period on which it was vaccinated, the arm was attacked with severe inflammation of the erysipelatous character, the vaccine vesicle, as far as I could collect from the parents, having, up to that day, ran a regular course. I saw this child on the sixteenth day. A dark slough, as large as a shilling, then occupied the situation of the vesicle; the entire extremity was immensely swollen; the integuments of the upper arm were of erysipelatous redness, and such portions of them as were in the immediate neighbourhood of the slough were quite livid. The attending fever was of the inflammatory type, the skin being hot, tongue furred, pulse rapid and full, and the thirst great. Until the fever was subdued by cooling and alterative medicines, and the local inflammation relieved by the application of poultices and fomentations, the sloughing spread with the most alarming rapidity. After the sloughs had separated, the progress of the gangrene having been arrested by the foregoing treatment, a large and deep ulcer remained, with undermined edges, at the bottom of which the muscles of the arm could be distinctly observed; so extensive was this ulcer, that it was not healed for three months, though the case progressed most favorably in every respect. The child, I was informed, was in good health at the time it was inoculated; and I saw other children who, I was told by their parents, were vaccinated by the same matter in whom the vaccine vesicle ran a regular course.

It is obvious, if the accounts which I received were correct, that the unhealthy inflammation in the foregoing cases could not have been produced by the inoculation of impure matter, as other children were vaccinated with the same lymph without any deleterious consequences; the period also at which the inflammation supervened militates against such a supposition. Dr. Dwyer and Dr. Battersby, who, as I have just mentioned, saw the last of these two cases, concurred with me in the opinion that the very severe inflammation which attacked the arm must have arisen from some peculiarity in the child's constitution, or from some local irritation. The fever and symptoms which existed in the first case appear to have been very similar to those symptoms which attend one of the malignant forms of scarlatina described in Dr. Graves' work, styled secondary fever in my paper published in it, and aptly termed complicated malignant by Dr. Henry Kennedy. There could have been no complication in this case with scarlatina, as the child had been affected with that disease at a remote period from that in which it was vaccinated.

I have recorded these cases not with the slightest idea of creating any prejudice against vaccination, which has proved so eminently useful, but for the purpose of showing its analogy to the other exanthemata, and with a view of rendering practitioners cautious in the management of children whom they have vaccinated, until all inflammation has ceased.—*Dublin Journ. Med. Sci.*

OBITUARY.

On the 14th ultimo, at his residence, Cheetham-hill, William Goodlad, Esq., fellow of the Royal College of Surgeons, and one of the surgeons to the Union Hospital, Manchester.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, February 23, 1844.

J. M. S. Fogo, W. D. Key, G. Fitzhenry, G. Simpson, J. Coulter, J. W. Collingwood, W. H. Pope, A. W. Rowlands, J. Heeley, J. M. Goodinge, T. O. Connor.

TO CORRESPONDENTS.

*** *It is requested that letters and communications may be addressed to Dr. Hennis Green, 58, Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.*

Obstetricus.—We are not disposed to carry the controversy any further.

Will the *Medical Officer* in Dorsetshire, whose letter appears in the Journal for February 17, send us his address, as we have a communication for him?

ERRATUM.—In last Number, page 422, col. 2, line 17, for "Dr. Fournier," read *Dr. Fournet.*

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 180.] LONDON, SATURDAY, MARCH 9, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES

ON

VENEREAL AFFECTIONS,

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XIX.

July 22, 1843.

Constitutional syphilis—The syphilitic diathesis—Its concurrence with induration of the chancre—Hereditary syphilis—Causes which bring the syphilitic diathesis into active operation—Premonitory symptoms—Enlargement of the posterior cervical glands—Secondary and tertiary symptoms—Prognosis—Varieties—Syphilitic roseola.

Gentlemen,—No individual enjoys an immunity from *primary* symptoms; wherever chancre is inoculated, there does it occur. This assertion, inoculation with the lancet has demonstrated beyond all contradiction. It is not so with *constitutional* syphilis. Here a peculiar condition of the system is necessary for the infection; and the first sign we have of this morbid aptitude is the induration of the primary ulcer.

According to M. Chomel (Pathologie Générale, p. 42), one constitutional infection predisposes to a second. This assertion, perfectly correct when applied to gonorrhœa, I conceive to be erroneous as regards constitutional syphilis. Within the whole range of my experience, I do not recollect one single case in which indurated chancre has recurred in the same subject, or wherein a *fresh* infection has again brought on the same train of secondary symptoms. Relapse is, however, a most frequent occurrence, and must be carefully distinguished from the manifestations of a *fresh* infection; indeed, your diagnosis in this matter will be powerfully assisted by this circumstance, that the older the infection the *deeper* will be its seat, so that you can hardly confound the symptoms of relapse of an old infection with the characters of a fresh one. So frequent is relapse in syphilis, that it may be fairly questioned whether the syphilitic diathesis once established can ever afterwards be completely eradicated. Syphilis appears to me one of those affections which, like small-pox, occur generally *but once* in the same individual.

The lymphatics do not seem to be the immediate channels for the introduction of the poison into the system; for we find the virulent matter still inoculable so long as it has not abandoned the lymphatics. But once introduced into the venous system, it loses its inoculable properties, and I am tempted to consider the venous and lymphatic inosculations demonstrated by Fohman in the lymphatic glands, as the true agents of syphilitic absorption.

I conceive that the matter is not absorbed in the state of true pus, as Hunter supposed; if his theory on this point was correct, it is clear that the number and extent of the chancres would considerably increase the chances of secondary infection, and we find that they bear no ratio whatever to each other.

Were I permitted to hazard a hypothesis, which seems to acquire a certain degree of value when the peculiar mode of development of syphilis is reflected upon, I would say that the poison acts, when mixed with the blood, as a kind of ferment, requiring some extraneous cause to urge it into action.

The fœtus, enclosed in its mother's womb, may be infected, if the blood, from which it derives its chief nutriment, be tainted by syphilis. But we may find in the fœtus, as well as in the adult, peculiar idiosyncracies, which are not susceptible of syphilitic absorption, and the child may thus escape free, from what would at first appear an inevitable cause of infection. Thus, a father's or a mother's constitution may predominate in the child, and, according as one or the other does or does not enjoy the privilege of escaping constitutional contamination, the child may or may not be affected.

In my opinion, with the exception of hereditary symptoms, secondary syphilis is always caused by a chancre. I have often seen children nursed by women affected with secondary symptoms, who have not become affected; I have seen at least as many, and have at present several cases under my care, of children diseased whose nurses remain perfectly healthy.

When indurated chancre exists, a true syphilitic diathesis is established, and accidental circumstances are alone necessary to bring about its manifestation.

The interval which separates indurated chancre from secondary symptoms may truly be considered as an incubation, during which a ferment mixed with the blood (syphilis larvée, Baglivi), and circulating with it, modifies its composition in such a manner as to render it in some measure unfit for a proper nutrition, on one hand, and on the other—under the influence of circumstances which have no action on the healthy individual—to give rise to a series of symptoms, which have received the collective name of secondary syphilis. This interval of incubation is shorter in the child and the female than in the male adult. It lasts from three or four weeks to as many months in general, the average being six weeks. A sudden change in the external temperature, the excitement caused by alcoholic stimulants, or even local causes, a warm or cold bath, the action of a short pipe on the lips, neglect of cleanliness, diet of an exciting nature, the exercise of riding,—such are the most frequent determining causes of the first outbreak of secondary symptoms.

Mercury, administered for the cure of primary sores,

may prevent altogether the establishment of the diathesis; once this peculiar state of the system in existence, mercury may again interfere with or postpone its manifestation. Should the secondary symptoms have already broken out, mercury will cause them to disappear; but the syphilitic diathesis *once* established, can *never*, in my opinion, be destroyed.

Premonitory Symptoms.

A change in the complexion, dryness of the hair, rheumatic pains in the extremity of the long bones, violent nervous headache, particularly in the anterior regions of the cranium, frequently a slight degree of febrile excitement, such are the symptoms which usually usher in a syphilitic eruption.

The aspect of precocious senility has been, by all observers, mentioned as accompanying in general constitutional syphilis of infants.

In early eruptions, one symptom is so frequent as to be almost pathognomonic; and, strange to say, it has never attracted the notice of practitioners, before I mentioned it in my annotations to the French translation of Hunter. It is the enlargement of the lymphatic glands, seated in the posterior cervical region, on either side of the mesial line.

These prodromic symptoms are not, however, *constant*. They may fail; but, from this period forwards, you will find syphilis proceeding with such admirable regularity that any one syphilitic symptom being given, the date of the primary infection may, almost with certainty, be stated.

I recognise two series of constitutional symptoms; the first, the earliest, manifesting itself seldom later than the sixth month, or earlier than the second week, after infection, generally, as I before stated, during the second month. It affects the skin and mucous membrane; its symptoms are neither inoculable nor contagious. I have denominated them "secondary."

The second series of constitutional symptoms I call "tertiary." Here the cellular tissue, fibrous or bony structures, are affected. Six months always intervene, at least, between the primary accident and these deep-seated affections.

Although such an occurrence is anything but common, yet the primary sore, the first cause of all the subsequent mischief, may outlive its usual period, and coexist with advanced secondary or even tertiary disease; nay, it may even be found after these have disappeared—a circumstance which completely overthrows the prognosis formerly introduced into syphilis, and according to which the primary symptoms were looked upon as of trifling importance; the secondary as more serious, and those we call tertiary were looked upon as the most severe. At the present day, on the contrary, with the assistance of mercury and the hydriodate of potash, the surgeon may always be certain of mastering any given symptom; indeed, the *deeper* the symptom, the *more readily* will it yield, whereas he cannot, with any degree of certainty, answer for the duration of a phagedonic sore.

Secondary syphilis is always a chronic disease, and its diagnosis is generally easy. It rests chiefly upon two points—1, the antecedent history of the primary infection; and 2, the physical characters of the secondary symptom itself. In one symptom alone can a positive diagnosis be made without any reference to the primary infection; that is the mucous papula, the appearance of which is so characteristic as to leave no doubt whatever of the nature of the case.

The action of mercury is, it is true, a powerful touchstone, but one which cannot be *exclusively* depended upon, mercury curing many affections quite independent of syphilis.

Mercurialis says, however, with some foundation of truth, that those affections which yield to *no other* treatment, but give readily way before mercury, may be considered as syphilitic.

The prognosis of secondary disease should be exceedingly reserved and guarded, inasmuch as the practitioner can hardly ever calculate upon a complete and *lasting* cure. The symptoms disappear, but relapse is a common rule.

Secondary Symptoms analysed.

My friend, Mr. Carmichael, of Dublin, holds that *several* syphilitic poisons exist, producing each a distinct primary symptom, the consequence of which is also a distinct secondary manifestation corresponding to each of the primary accidents. This opinion it is impossible for me to concur in; as I have in many instances noticed, after *one* sore, *all* the forms of secondary infection. These forms depend, therefore, not on the peculiar variety of the primary symptoms, but upon the idiosyncracy of each individual patient.

The first manifestation of secondary syphilis belongs to the order of exanthemata.

Syphilitic roseola, generally observed during the first three or four months which follow the primary sore, is characterised by superficial, confluent, red maculæ, disappearing under pressure in the incipient stage, and unaccompanied by any true papular elevations.

For several months may this eruption persist in the state of simple maculæ, but they may also spontaneously disappear in a much shorter time, in which case the exanthema almost inevitably returns. The abdomen and base of the chest are its usual seat, and seldom the face.

This eruption is not, in my opinion, a distinct form of cutaneous syphilis. It is the beginning, the incipient stage of all its forms, however deep, and as such does not perhaps deserve a separate description.

It resembles closely common roseola and measles, from which it may, however, be readily distinguished by the absence of fever and of itching, the long duration of the syphilitic eruption, the enlargement of cervical glands, the pre-existence and frequently the co-existence of indurated chancre, and lastly the rare occurrence of desquamation.

The prognosis of this eruption, as a local affection, is comparatively light. We shall pursue in our next lecture the history of the other forms of secondary syphilis on the skin.

GUY'S HOSPITAL REPORTS.

CASES

SELECTED FROM THE

PRACTICE OF BRANSBY B. COOPER, ESQ.

WOUND OF THE CHEST, WITH EMPHYSEMA.

Robert Barnes, aged thirty-three, a tall, robust man, usually enjoying good health, and following the business of a mason; admitted into Accident Ward of Guy's Hospital, under Mr. Cooper, on Sunday, April 30, a little before one o'clock, a.m. By the statement of the policeman, it appeared that, being intoxicated, and quarrelling with others in a public-house, either by a stab, or by falling down, having at the time four chisels in his left jacket pocket, he had received a wound at the back of the chest; he was discovered lying on his back on the ground, about one hundred yards from the place where he had been drinking; waistcoat and shirt were pierced, jacket not. He was carried home, and, on removing his clothes, his wife discovered what seemed to be a button next the skin; with assistance she extracted the instrument, which proved to be a mason's chisel, in length seven inches and three quarters. He was immediately seen by Mr. Wagstaffe, surgeon to the police, who advised his removal to the hospital.

On admission his condition was as follows:—Very violent and noisy; great dyspnœa; blood on the lips and about the mouth, and emphysema extending over the chest and back, up to the neck, and down over the glutei and forepart of the thighs. On examination, a wound was discovered, about half an inch in length, between the sixth and seventh ribs, opposite the inferior extremity of the posterior border of the scapula; a smaller wound, not penetrating below the skin, somewhat more to the left side, and a small wound inside the lower lip. Pulse strong and full. He was bled at once to twenty ounces, and ordered to have two grains of calomel, with a quarter of a grain of tartarised antimony, every three hours. The wound was not closed; he became gradually less violent, and dozed at intervals towards morning. Mr. Cooper saw him at eleven o'clock. Countenance anxious; nostrils widely expanded; breathing hurried, but not performed with great difficulty; pain felt opposite the situation of the wound; respiration heard on the affected side; has not coughed up any blood; pulse 70, compressible. Throughout the day he continued very irritable; the ward was kept entirely closed, and his friends not allowed to see him. Took barley-water and tea. His bowels were opened at seven o'clock, p.m.

Half past eight, p.m. His pulse becoming fuller and stronger, he was bled *(pleno rivo)* to ten ounces; continued the medicine. During the night was very restless, and the symptoms became aggravated.

Monday, five o'clock, a.m. Suffered greatly from dyspnœa, and pain on breathing; countenance very anxious; pulse strong and jerking. Bled to twelve ounces; continue the remedies. Was greatly relieved after the bleeding, and slept for an hour or two. The dyspnœa recurring, and the pulse becoming stronger, at eleven o'clock, a.m., he was bled again to ten ounces; diet, barley-water and tea. Passed the day comfortably, and in the evening, his bowels being confined, took an ounce of castor oil in peppermint water; continued his medicine, and had a quiet night.

Tuesday, May 2. Much improved; castor oil acted freely on the bowels; pulse soft and compressible; breathing natural; no cough; countenance less anxious; emphysema has not extended. Allowed to see his friends this morning. To have his medicine every four hours. Continued comfortable throughout the day; bowels regular.

3. Improving; pain not troublesome.

Four o'clock, p.m. Continued up to this time to take his medicine regularly, but beginning to complain of soreness of the gums, was ordered to discontinue it, and use the chloride of soda gargle; diet, beef tea. Bowels continued open; from this day he continued to improve, without a single bad symptom, till May 8, when, feeling weak, was ordered meat diet; took no more medicine, and gained strength rapidly; complained of pain, when taking a full inspiration, at the part opposite the wound, but this latterly entirely disappeared, and he left the hospital on Monday, the 29th of May, perfectly well, and the respiration on the affected side natural.

FISSURE OF THE ANUS.

Daniel Lammass, aged forty-one, a married man, residing in Bermondsey, and by occupation a tripe-dresser, a tall, stout man, of dark complexion, very intemperate, drinking freely both of beer and spirits; was admitted into Guy's Hospital Jan. 24, 1844. Some time back he experienced a gnawing pain at a little distance up the rectum, which, on his passing his motions, became intense, and was accompanied by a discharge of blood, to the amount of an ounce or two; each evacuation was followed by tenesmus for fifteen or twenty minutes. Six weeks after this he discovered a small tumefaction on the side of the anus, which appeared to extend into the rectum.

It was exceedingly tender, and he came to the surgery, where he had the tumor opened; a small quantity of matter escaped. This gave him ease, the pain being less severe, but more of a throbbing nature; the pain and tenesmus, however, returned as bad as ever, and he obtained admission to the hospital.

Jan. 24. Pulse and general circulation weak and debilitated; appetite very bad, and he suffers from severe dyspeptic pains in the stomach and in the region of the liver, which latter viscus is enlarged, but not to any great extent; the bowels are habitually costive; the urine has a copious lateritious deposit, and is high colored, the quantity is average. Three leeches were applied round the anus, and eight ounces of blood taken by cupping over the loins; to have the ammonia julep, with compound rhubarb powder thrice a-day.

30. He has found relief from the cupping and leeching, though he still has pain with every motion; dyspeptic pains more severe than usual; the pulse feeble.

Feb. 1. The fibres of the sphincter ani were to-day divided. The patient suffered intense pain from passing the finger up the anus, and comparatively little from the incision, and he was soon relieved after the operation.

2. Is much better; he can pass his motions without

pain; has lost the pain in the stomach; his appetite is improved, and his pulse is stronger; urine of a lighter color, without sediment; the bowels are opened regularly.

6. He complains of slight return of the pain in the stomach, and sickness; the appetite is not so good; the discharge with the evacuations is becoming less.

Blue pill, two grains;
Iodide of potassium, three grains. Every night.

Sesquicarbonate of ammonia, half a drachm;
Sesquicarbonate of soda, a drachm and a half;
Powdered rhubarb, two scruples;
Compound tincture of cardamoms, half an ounce;
Compound infusion of gentian, seven ounces and a half. To take an ounce twice daily.

14. The mouth is slightly affected by the mercury; he is otherwise much better. Omit the pills; continue the mixture.

20. He has continued improving since the last report, and he left the hospital to-day; the wound was healed and he was perfectly well.

The case of Lammass furnishes us with an example of a disease which has not attracted much notice in English works on surgery, although it is of frequent occurrence, and very distressing in its nature. The patient was affected with fissure of the anus, complicated, in this instance, with abscess in the cellular tissue adjoining the rectum. The disease consists in the presence of a narrow, elongated ulceration, running along one of the folds of the mucous membrane near the orifice of the anus; the edges of the fissure are usually not callous, and it bears a very close resemblance to the cracks or slits which so frequently affect the hands or lips of some people during winter. The situation of the fissure is said to be various, and that it may occupy any point of the circumference of the anus, but more commonly the sides than either in front or behind. But in Mr. Cooper's own experience (and he has had several cases in private practice), he has invariably found the fissure at the posterior part of the rectum, and generally in the mesial line, although in one or two cases it deviated slightly to one side or other of the centre. The ulcer may involve merely the edge of the verge of the anus, or extend a considerable way up the gut; while, in other cases, it is placed so far within the anus as to be completely concealed from view. In such cases, however, the existence of the ulcer is detected by passing the finger into the rectum; acute pain is immediately produced by contact with the finger, the point of which sinks into a furrow, and indicates the exact site of the fissure. The symptoms of this disease are sufficiently characteristic, and it seems strange that it should have been so long overlooked by surgeons, who had no correct ideas of it before the time of Boyer. The symptom which generally first attracts the patients' notice is pain during, and for some time after, the evacuation of the bowels. The pain is of a burning kind, increases gradually in severity, is most severe at the moment of defœcation, and often continues for a considerable time after each evacuation. During the intervals the patient enjoys comparative ease; may occasionally feel some heat or lancinating pain about the anus; but these are nothing when compared to the horrible sufferings produced by the passage of the fæces over the ulcerated surface and through the sphincter, which is commonly more or less in a state of spasmodic contraction. The bowels are, in most cases, constipated; this symptom existed in the case of Lammass, but is produced rather by the unwillingness of the patient to go to stool than by any derangement of function. When the disease has existed for any length of time, the patients' health becomes seriously affected by constant suffering, and, from the countenance, one might suppose that the disease was of a malignant character. The digestive functions become deranged; the appetite is lost; the patient is unable to enjoy society; and even the comforts of domestic life are denied to the sufferer. The slightest movement—the act of coughing—blowing the nose—or even speaking loudly, &c., are often enough to excite the pain, and the slightest excess in diet is sure to aggravate all the symptoms. Finally, we may enumerate, amongst the signs of this disease, the severe burning pain produced by introducing the finger into the rectum, and the spasmodic resistance which the sphincter offers to its introduction. The treatment of this distressing affection is very simple, and, as far as Mr. Cooper's experience has gone, constantly successful; it consists in passing the forefinger of the left hand up to the ulcer, and then directing along it a straight probe-pointed bistoury beyond the very extremity of the fissure, then turning its cutting edge towards the sore, and dividing the ulcerated surface as well as the fibres of the sphincter muscle, which are connected to its submucous aspect. This usually is sufficient; but if there be any reason to believe that suppuration has taken place in the cellular membrane, the incision should be continued, so as to divide the verge of the anus, and thus ensure a free exit for the matter.

Mr. Cooper states that he has found this disease more frequent in females than in males, and that the higher orders seem more prone to its existence than those in the humble classes of life.

NEWCASTLE-ON-TYNE INFIRMARY.

THREE SUCCESSFUL CASES OF LITHOTOMY, WHICH WERE OPERATED UPON IN RAPID SUCCESSION BY SIR JOHN FIFE.

Tuesday, Feb. 13, 1844.

Case I.—Thomas Donald, aged fifty-five, admitted on the 8th of February. About five years ago was attacked with severe pains in the back, which lasted for a week or two, then left, and returned every two or three months for the space of two years, when they entirely left; he has been laboring under symptoms of stone in the bladder ever since, which increased in severity during the last few months. Ordered some aperient medicines every morning.

Operation.

First incision from the side of the bulb of the urethra, past the tuberosity of the left ischium; second incision through the upper part of first; forefinger introduced; staff felt; knife point introduced into it, but the knife did not slide with its usual facility towards the bladder. Sir J. Fife withdrew it, and found the point had broken; re-introduced it, so as to partly divide the prostate; forefinger passed into

bladder; staff withdrawn; forceps gently passed; stone grasped, and cautiously extracted.

This operation lasted two minutes. The stone weighed 370·2 grains.

It may be remarked that this man's mother passed a calculus a few years before her death. The artery of the bulb was uncommonly large and active, as well as the transverse artery of the perineum. Sir John Fife tied them both, and then, according to his usual practice, introduced an elastic gum tube through the wound, to remain in the bladder for the first forty-eight hours.

Feb. 14. Pulse 90; slight thirst; skin dry and hot; was ordered a little saline julep, with antimonial wine every three hours, which relieved him. No bad symptoms since.

27. Convalescent.

Case II.—Robert Foster, aged fifty-two, was admitted on the 8th of February. About twenty years ago noticed some red sand in his urine, and at the same time experienced slight pain and difficulty in passing his urine. This pain left him in a few days, but he has had occasionally slight attacks of it since, till about two years ago, when he was attacked with more urgent symptoms, under which he labored up to the time of his reception. Sir J. F. sounded him for the first time, and found a calculus. Ordered to have an aperient draught each morning.

Operation.

Foster was next brought into the theatre. Sir J. F. was obliged to use in this case a staff with an unusually acute curve, from the enlargement of the prostate, though its lateral lobes were not so hypertrophied as in the preceding case. This operation was done in the same way as the former; it lasted two minutes and a half. The stone was so flat in form as to elude the grasp of the forceps frequently.

Feb. 14. Feverish; pulse 98; great thirst. Ordered a diaphoretic draught every three hours.

15. Somewhat better this morning; pulse 90; thirst less.

27. Convalescent. Stone weighed 229·0 grains.

Case III.—Thomas Miller, aged five, admitted February 8, 1844. His mother says, when two years old, she observed him pass his urine with difficulty, which was occasionally tinged with blood. For these last two years he has been an out-patient at the infirmary; although frequently sounded, a calculus could never be found. However, a week previous to his reception into the hospital, Sir J. F. sounded him again, and discovered one. It may be interesting to state that Sir J. F. operated upon his father a few years ago, when a mulberry calculus of large size was extracted. Take two drachms of castor oil every morning.

Operation.

The last patient, viz., Thomas Miller, was next brought in, and operated upon in the same manner as the others, but the calculus was extracted by the finger and scoop, instead of forceps. It lasted one minute and a half.

Feb. 14. Has no bad symptom.

27. Convalescent. Stone weighed 31·5 grains.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MARCH 9, 1844.

The more than official mystery in which the details of the intended government measure, on the constitution of the medical profession, is still involved, calls for no ordinary vigilance and foresight on the part of those whose interests are concerned. It is true that partial glimpses have been from time to time obtained, and acute conjectures formed respecting certain of the supposed provisions of the bill in preparation; and the promulgation of a royal charter of incorporation for one large section of the medical body, has thrown some light on what remains to be provided of a similar description for other sections. But the main spring of the whole question—that which must give power and efficiency, either for good or for evil, to the measure—is studiously kept out of view.

There are two grounds upon which, and upon which alone, the members of the medical profession are entitled to come before the legislature of the country, and to press their claims for legislative interference in their concerns. The one of these is the ground of public utility and advantage; the other, that of their own collective and individual prosperity. It has often been shown, and we believe will at this time scarcely be questioned, that the public good is intimately mixed up with the adoption of preventive measures against disease, and the providing of suitable relief in the time of sickness. The formation, by the government, of military medical boards, and the appointment of competent medical officers to the charge of military and naval hospitals, to ships of war, and to regimental corps—the more recent provisions adopted under the Poor-law Amendment Act for official medical attendance in union workhouses, and on the sick poor generally—and the many charters and Acts of Parliament granted to medical bodies on various occasions—afford sufficient evidence of the recognition of the principle, although the attempts at carrying it out may have been hitherto partial and inefficient. The regulation, therefore, of the education of medical practitioners, so as to ensure the fullest and fittest qualification practicable for the arduous and responsible duties undertaken by them, becomes, in this point of view, a fitting subject for legislative enactment; and the removal of all restrictions on the general usefulness of persons so qualified, is due to the public advantage, as well as to the benefit of the individual.

There is, however, another point of view in which the subject requires consideration, involving no less the interests and safety of the community than the preceding. The public in general are but ill informed on matters foreign to their immediate occupations or pursuits, and not only require the means of assistance

to be provided for them in their several necessities, to which they may have recourse as occasion calls for, but to be protected also from the errors into which ignorance unavoidably betrays them. The providing, by law, of a body of well-qualified medical practitioners, unless accompanied at the same time by suitable protection against the arts and malpractices of the ignorant, unqualified, and designing, is of little real utility to a large portion of those who most stand in need of the watchful care of a good government; while, at the same time, the requirement of certain forms and modes of education, of time, labor, and money, consequent thereon, and of certificates, licenses, and diplomas, from those who are really sincere in their wish to become duly qualified to practise medicine—when they may, if they please, undertake the charge of the sick, unrestrained and unquestioned, is, to say the least, a piece of solemn and gratuitous mockery. The public ought to be protected where they are unable to protect themselves; and the medical practitioner, having complied with the requirements of the law for the advantages of the community, has certainly, in so doing, acquired a claim to a corresponding protection for himself from the arts and interference of those who are less conscientious, and neglect or refuse to comply with what is deemed for the public benefit.

The measure about to be introduced into Parliament, as far as has hitherto transpired, contains no such provision, either for the protection of the public or of the profession. No portion of it which has been unwittingly suffered to escape, no conjectural whisper of its contents, no chartered transcript, has hitherto hinted at any such provision. It says, or is understood to say, to the candidates for legal authority to practise medicine, "You are to come with a certain amount of preliminary knowledge; you are to follow a certain prescribed course of close and arduous study; you are to reside so many years in certain schools or colleges of medicine; you are to undergo certain strict and searching examinations, to receive certificates of qualification, take out a license to practise, pay fees of entrance, fees for lectures, fees for hospital attendance, fees to the examiners, fees for the license," and we know not what more; and then are to be allowed the privilege of practising medicine, surgery, pharmacy, &c., in the very same manner—public institutions alone excepted—as you would have been permitted to do had you saved yourself all this time, trouble, and expense, and obtained your qualification as you best could, or contented yourself with no qualification at all. If any individual choose to style himself surgeon, there is nothing to prevent him from doing so, and we know not how the public can discover the cheat. On the contrary, it is, perhaps, not unnatural that the ignorant poor, and the ignorant who are not poor, seeing that Messrs. C. and D., chemists and druggists, compound and sell drugs, should suppose that the said Messrs. C. and D. must be very profound in their knowledge of these same drugs. They will, consequently, have recourse to them, or their representative behind the counter, on all occasions, to their own manifest detriment, and the injury of the really qualified and licensed practitioner. Is this a conjectural case? Does not every physician, surgeon, and general practitioner throughout the kingdom, who has, or has had, much intercourse with the poor, know, of his own personal experience, repeated instances of the ruinous effects to the health, and often fatal consequences, resulting from this counter-practice followed in the second-rate retail drug-shops?

But then, to prohibit these nefarious practices, it is necessary that the measure should become a bill of pains and penalties; and to afford due protection to the regularly educated, qualified, licensed, and every way competent medical practitioner, and at the same time to prevent this wholesale tampering with the health and lives of her Majesty's subjects, will, forsooth, interfere with the revenue, with the liberty of the subject, with the acquired homicidal rights of the whole body of quacks, and the suicidal propensities of their victims.

The law of this country, however, does not recognise the right of an individual over his own life, much less over that of any other, and when it can be proved by unnumbered instances that the indiscriminate administration of powerful drugs by incompetent and unqualified persons to children, to infants, and to those whose want of knowledge places them in the condition of infants, is attended by the most disastrous and often fatal effects, it is not too much to expect that a bill, intended for the regulation and consolidation of the medical profession, shall at the same time prohibit all others but those duly and legally qualified under its provisions from practising medicine or any of its branches. It is the knowledge and skill of the practitioner which alone makes the drug a remedial agent; in the hands of any other it is nothing but a poison of greater or less activity, and not unfrequently becomes so.

The remedy for the evil is clear and simple, and requires nothing but the steady and unflinching application of even-handed justice to bring it to bear. Fiat justitia, ruat cælum. Let the crime of homicide be dealt with as such. Prohibit at once the administration of poisons by the chemist and druggist, the charlatan and all others, under sufficient and summary penalties, and allow medicines to be given or consulted by those only who know, and are legally certified as competent to know, when, and under what circumstances, that which in itself may be poisonous becomes a medicine. The public advantage will certainly be thus consulted; due justice will

be done to the legally qualified and competent medical practitioner, and upon the unprincipled and heedless trifler with the health and life of his fellow creatures; while a mass of evil will be prevented which, could it stand revealed and be brought together, would astound the most careless and shock the most indifferent.

POOR-LAW MEDICAL RELIEF.

The motion of Lord Ashley, "for the appointment of a select committee to inquire into the mode of administering relief to the sick poor, under the Poor-law Amendment Act, and to report the evidence taken before them, with their opinions thereon, to the House," was acceded to, on Tuesday last, without opposition, by government. The profession have now an opportunity of fairly laying their grievances before Parliament, and we trust that every effort will be made to furnish such a mass of evidence as shall lead to a satisfactory adjustment of the question.

REVIEWS.

Sixth Annual Report of the Suffolk Lunatic Asylum. December, 1843.

Sixty-eighth Report of the Visiting Justices of the County Lunatic Asylum at Hanwell. London, 1843.

General Report of the Royal Hospitals of Bridewell and Bethlem, and of the House of Occupations. 1843.

The reports of these lunatic asylums present a gratifying account of the progress which the system of mild treatment, and of education and occupation for the unhappy inmates, is making.

Out-door employment is much the best kind. On this point, Dr. Kirkman, physician to the Suffolk Asylum, observes—

"The advantages of agriculture and horticulture are beyond all. The filling up a very dangerous pit at the bottom of the field in front occupied, and kept in contented employment, *twenty men for more than a month;* gravel was barrowed up by them sufficient to cover three of our airing courts, and this, again, afforded them additional employ. One of our most dangerous men, formerly both to himself and others, never being, as he expressed it, RIGHT for a week together *within* the galleries, now works, and has worked for many months, usefully and quietly in our blacksmiths' shop, without offering the slightest molestation to any one.

"In walking over our galleries, and finding several idle, who might be advantageously employed, one is almost inclined to echo the desire expressed by a witness who was examined some years since before the House of Commons, and being asked what quantity of ground he wished for his patients, took full latitude of reply, and said—'just an acre a man.' This extensive request was not altogether an outrageous one. We have a patient with us now who has, this season, twice dug over, single handed, an acre and a half of accurately-measured ground. And what makes this case more profitably instructive is, that this insane laborer has been twice returned to us as an unmanageable man."

Respecting the advantages of the non-coercive treatment at Hanwell, Dr. Connolly says that

"The whole experience of the last twelve months has fully confirmed the impression made in the years preceding, that, by the abolition of physical restraints, the general management of the insane has been freed from many difficulties, and their recovery in various degrees greatly promoted."

"INSTRUCTION OF THE PATIENTS.—In proportion as, by these means, all the accidental aggravations of insanity are avoided or removed, and general tranquillity and contentment produced in communities of the insane, opportunities are presented of trying to what possible extent faculties which have been neglected, or misdirected, or ungoverned, may be brought to healthy, orderly, pleasurable, or useful exercise, and the intellectual and affective life of numerous individuals, still more or less of unsound mind, restored.

"It is, however, undesirable to employ insane patients for the same number of hours which are thought proper in the case of sane and healthy persons. The same amount of labor should not be expected from them in the same time, and the more sedentary employments are altogether of very questionable benefit in many cases. Cheerful recreations, calling them into bodily activity, and instruction in subjects demanding a moderate exercise of the faculties of the mind, deserve at least the next consideration.

"Believing the general condition of the patients at Hanwell to be not unfavorable to an extension of these views to practice, the resident physician obtained leave from the visiting justices in October, 1842, to institute a school of singing in the asylum, the first scholars being the male and female attendants, with a small number of the patients. Subsequently, with the kind co-operation of the Rev. Mr. Burt, the chaplain, classes have been formed on the male and female side of the asylum, for the patients alone, for reading, writing, drawing, arithmetic, geography, and singing, under the direction of a schoolmaster and schoolmistress accustomed to the instruction of children.

"The singing lessons for the attendants were designed as a preparation for enabling them to contribute to the evening amusements of the patients, and also eventually to teach them; but the lessons were not continued long enough to enable the attendants to overcome the unavoidable difficulties of an art capable of such beneficial communication or application to the insane.

"The classes for the patients have been in operation only a few months. Each class consists of ten or fifteen patients, and no class is occupied for more than one hour at a time. Among the readers may be seen some who were formerly looked upon as among the most troublesome patients in the asylum, and several who are liable to occasional attacks of maniacal excitement; but they attend the classes with gratification, and observe a remark-

able order and decorum, reading each a verse or portion of a page in turn, with attention and correctness. The articulation of some of these readers is impaired by their malady, but several read with an earnest expression which is peculiarly impressive but difficult to describe. The greater number of the readers hitherto assembled have been those who had learned to read in former years; but of these several had lost the habit of reading, and have much improved by practice. Their power of application, and their memory of the previous day's lesson, have been observed to become strengthened by these daily, but not long continued habits of attention. The teachers, and particularly the schoolmaster, have had the disadvantage of endeavouring to teach those who are for the most part incapable of employment, and, as may be inferred from that circumstance, the least capable of profiting by their instructions.

"Writing has been taught to some who were previously unable to hold a pen. Others, who had formerly learned to write, were found to have forgotten the art, and required to begin again. It has often been observed that, on the first day of going to the writing class, the patients would scrawl over the page quite irregularly; on the second day they would try to imitate the copy; and in a few days write with care. They take particular pleasure in this acquirement, and exhibit their copy-books with much satisfaction. One female patient, who was thought to be too excited for the class-room, almost forced her way into it on one occasion, and, when there, wrote a copy with more than usual carefulness; this patient, a married woman of forty, had not learned to write before she came to the asylum. Her application is often interrupted by grievous attacks of illness; but, in her happier intervals, writing is her solace, and she has of her own accord written hymns from memory. Another female patient, who had never been taught to write before, and now writes very carefully, was formerly almost always in restraint. Singular difficulty is found in teaching these scholars to form each separate letter in cases in which there has never been any previous instruction, but the difficulty is surmounted by patience in the teacher, and anxious care in the learners."

The introduction of amusement and employment into the Bethlem Hospital has been attended with no less beneficial results.

"On both sides of the hospital the introduction of employment and amusements has effected a marked change in the habits of the patients, and the appearance of the galleries. The patients, especially those who have been long in the hospital, appear extremely sensible of the value of these means, which, beyond the obvious advantage of relieving the tedium and irritation of their residence, have deprived that residence of much of the feeling of confinement, and excited a very pleasing sense of gratitude to the governors, and those who are charged with their management. They see around them the evidence of the anxiety of the governors for their comforts and amusements, and their acute and sensitive feelings are soothed and consoled when they do so."

"An instance of the beneficial effects of these amusements, as remedial measures, was lately shown in the case of a patient who was in a very low and desponding state. He was, with some persuasion, prevailed upon to play a game at bagatelle, which had the desired effect of rousing him, and exciting his attention: he now avails himself of the library, has become comparatively cheerful, and is fast advancing to convalescence. Another case may be quoted; it is that of a patient who was brought to the hospital in a state of extreme violence and excitement. On being released from the strait waistcoat in which he was confined, he immediately knocked down three attendants, although strong and powerful men, and with great difficulty he was placed in his apartment. The next day, although laboring under very great excitement, he was taken into the amusement room; and the effect was very striking. Whether the change in his treatment from what he had been subject to had caused the change, it is impossible to say; but he appeared astonished at seeing a number of persons engaged in reading, at cards, and draughts, and playing at bagatelle; he immediately became calm, joined in the amusements going on, and has remained a quiet and tractable patient ever since." *

On the much controverted subject of restraint, the governors of Bethlem Hospital say—

"The diminution of restraint to the narrowest limit consistent with the safety and welfare of the patients is an object, the advantages of which cannot be disputed. It ought never to be forgotten that Bethlem Hospital set the example in this country of liberating lunatics from personal restraint, which has long been the exception to the rule of treatment in this hospital; and the committee gladly avail themselves of this opportunity of reminding the court that it was to the courage and humanity of Mrs. Forbes, their late and esteemed matron, that the patients were first released from those fetters which were the ordinary means of restraint. Within the last five years, a marked diminution in restraint has taken place in Bethlem, arising mainly from the increased means of employment, with the best results. As every instance of restraint, however short of duration, is carefully recorded, the following figures showing the weekly average number of patients under restraint since 1839 will be interesting:—

1839	$11\frac{33}{52}$	1842	3
1840	$13\frac{20}{52}$	1843	$3\frac{4}{51}$
1841	9		

"One of the greatest advantages of dispensing with restraint, as far as practicable, is the change which it invariably produces in the intercourse between the patients and the attendants. In proportion as the personal restraint of the patients is diminished, the vigilance of the attendants is increased, who do not now only interfere when a paroxysm of violence requires coercion (thus exhibiting themselves only in the repulsive character of gaolers), but, from being brought into constant communication with the patients, gradually acquire their confidence, and become the directors of their occupations, and the companions of their amusements."

* This patient has been discharged cured while this Report was going through the press.

We cannot refrain from subjoining one extract relative to the House of Occupations, a receptacle for idle vagrant children in the city of London.

"It may be asked, how the improved conduct of the inmates during the past year can be accounted for; and the solution is not difficult. The materials are the same; those admitted during the last two years can hardly be said to be less unfortunate, less wayward, less vicious, less unmanageable, than in previous years; but a less stringent code of discipline has been the cause. The inmates have been taught, by rewards of small amount, the advantages of good conduct, instead of being deterred from misconduct by the fear of punishment; they have from time to time been allowed the privilege of walking out; and, as might be expected, the result of trusting more to their better feelings has been to render them more trustworthy. The previous habits of the inmates must indispose them for the regular discipline and orderly habits of the house; and, as the governors do not think it advisable to detain them longer than they are inclined to stay, every inducement consistent with judicious management should be held out, and the advantages resulting from good conduct be made as conspicuous and immediate as possible. It is in vain that youths such as these, whose ages run from ten to fifteen years, are told of the benefits which they will derive in after life from a rigid course of industry and self-denial when young; the recollection of past pleasures, and the allurements of idle and profligate habits, are too strong to be overcome, except by prompt and practical encouragement for every indication of amendment and good conduct. Very many of the inmates have been led into improper courses from the force of circumstances, rather than from innately dishonest or vicious propensities. * * * The majority of the inmates, though lamentably deficient in all knowledge of religion or moral feelings, are, nevertheless, above the average in ability and observation, and the results show that by judicious treatment their better feelings may be developed and acted upon, their self-respect restored or roused, and their energies directed into the paths of morality and industry. A striking instance of the ease with which a new and better direction can be given to their feelings was exhibited lately on the female side. The matron made admission to the writing class a premium for good conduct, instead of a task, and the greatest anxiety was immediately exhibited to obtain this privilege, and to avoid giving cause for exclusion. The daily record of the conduct of the inmates which was recently established appears to have roused their dormant feelings of self-respect, and the gain or loss of the marks which are the evidence of good conduct are objects of great solicitude. The committee think that a half-yearly examination of the inmates before the governors would be attended with great advantage, especially were a few prizes distributed to those whose conduct had been exemplary. This, it is suggested, would have the beneficial tendency of operating both as incentive and example, as well as encouraging the officers, who take a laudable pride in the success of their labors.

"During the past year the inmates have been allowed to go out at intervals, under the charge of the officers of the house, to walk in the neighbourhood. This has been much prized; and in no case has the privilege been abused. Indeed to this relaxation may in some measure be attributed the infrequency of any attempts to escape. The governors are indebted to the kindness of Mr. Pepys for obtaining permission from the council of the Zoological Society for twenty-five of each sex to view their gardens in the Regent's Park, where they conducted themselves with the greatest order. All the inmates were also taken to see the cartoons in Westminster Hall, by the kind permission of the Fine Arts Commission, with which they were highly gratified; and, as a further reward for continued propriety of conduct, Mr. Nicholls, with the sanction of the president and treasurer, gave the whole body a trip in a steam-boat engaged for the purpose down to the Nore, up the Medway, and, having viewed the fleet, returned in great delight, and with much gratitude for their excursion. A pleasing circumstance connected with this occurrence, and one which shows that former inmates have a grateful sense of the value of this establishment, may be perhaps permitted to be mentioned. In the party were several of both sexes who had formerly been inmates in the house, and who are now living reputably in various situations, and who, hearing of this intended treat, solicited to be allowed to join the party."

Let us add our emphatic commendations on the benevolence and good sense which dictated the foregoing remarks. To expect that the rigid discipline, the cold bare walls, the pursy, authoritative beadle, the sour, stiff matron, and all the other iron machinery of most institutions for the reception and reformation of delinquents, are the best human means for turning the hearts of young profligates, is absurd. Providence gave them their affections for a good purpose; and by acting on these, and giving them something to *love*, some efficient antidote may be found for their hankerings after the pleasures of debauchery, which mere discipline would only give them a greater relish for.

BIRMINGHAM PATHOLOGICAL SOCIETY.

February 6, 1841.

Francis Elkington, Esq., in the Chair.

Mr. Hodgson exhibited a tumor of a medullary character taken from the neck of a man aged about fifty, a patient who was under the care of Mr. Thomas Chavasse, and about whom Mr. Hodgson had been consulted. It was situated, when first examined, near the sternal articulation of the left clavicle, and had existed for twelve months without much inconvenience, but when seen by Mr. Hodgson pressed upon the trachea, and produced difficulty of breathing. The breathing appeared to be relieved by placing the patient under the influence of mercury; he was afterwards put upon sarsaparilla with iodide of potassium, and a strong solution of iodine was applied to the tumor. He continued to improve, until very urgent symptoms of pressure upon the trachea came on,

which produced asphyxia, and death in eighteen hours from the first commencement.

Upon dissection, the tumor was found to be attached to the trachea, and extended partly to its left and partly to its right side, as well as underneath the clavicle. It was generally medullary in its character, especially on the right side, where the fatal pressure upon the trachea had been produced by the bursting of a small blood-vessel in the tumor. In this situation it contained, mixed with the medullary matter, a large quantity of blood; one cell contained as much as four ounces, and blood was injected into the loose cellular tissue in the neighbourhood. The large blood-vessels in its vicinity were healthy. The mucous membrane of the trachea was congested, but otherwise natural. The contents of the chest were healthy, except that there was a great deal of fat about the heart.

The immediate cause of death was the sudden bursting of a blood-vessel, producing apoplectic effusion of blood into the substance of the tumor, which caused such pressure upon the trachea as to give rise to asphyxia. It was in fact a case of apoplexy occurring in a medullary tumor in the same manner as in other soft and loose textures, as the brain, spinal marrow, or lungs.

In medullary tumors, cells containing blood are not unfrequently met with, which, Mr. Hodgson said, resembled that which he now exhibited to the society, and are in general not of much importance; but in the present instance, owing to the situation of the morbid growth, the apoplectic effusion into the soft substance of the tumor was the immediate cause of death, by the pressure which it suddenly produced upon the trachea.

Dr. Fletcher then exhibited a heart, in which, across the cavity of the right ventricle, was a muscular partition dividing it into two unequal parts—the larger next the auricle, the smaller communicating with the pulmonary artery. The partition seemed made up of carneæ columnæ, and was perforated by an opening capable of admitting the little finger, the edges of which were semi-cartilaginous. An opening, capable of admitting a goose quill, communicated with the left ventricle and the larger cavity of the right ventricle, into which it opened close up to the perforation in the partition which communicated with the two cavities of the right ventricle. It had been kindly presented to Dr. Fletcher by Mr. George Jones, of Alrewas, near Lichfield, accompanied with the following notes and particulars:—

"Dear Sir,—The preparation I spoke of to you accompanies this note. Finding you had made a collection of interesting specimens, I beg your acceptance of this one. The particulars which I am able to send you are exceedingly meagre, as the man only came into the village the evening before he died, and had made no complaint of feeling ill up to the time of his death. This being the case, the preparation will tell you almost as much as I know of the case myself.

"I remain,

"Yours very truly,

"George Jones.

"Alrewas, near Lichfield,
Jan. 22, 1844."

William Coates, aged sixty-three, a rag and skin gatherer, living at Burton-upon-Trent, of spare habit of body, travelled from Lichfield to Alrewas on Saturday, Dec. 31, 1842, on his way from Shropshire (where he had been to obtain parochial relief) to Burton. He arrived at Alrewas about three o'clock. He ate no supper, and did not complain of feeling unwell; he went to bed about eight o'clock, and was heard to get out of bed during the night to urinate. As he did not rise in the morning, they went to call him about nine o'clock, and found him dead, lying upon his back, with one hand upon his chest and the other upon his thighs; a little blood had trickled from the left nostril; he had wet the bed under him.

Post-mortem Examination, Forty-eight Hours after found dead.

On opening the chest the lungs were found quite healthy; a little old adhesion, by bands of an inch to an inch and a half long, between the pleuræ of the left side.

Pericardium.—A few black spots upon the upper part of this membrane; the cavity contained a little fluid.

Heart.—The venæ cavæ distended with coagulated blood. Right auricle: the foramen ovale was capable of being opened by a probe. Right ventricle: the tricuspid valves healthy; across the cavity of this ventricle was a muscular partition, dividing it into two unequal parts, the larger next the auricle, the smaller communicating with the pulmonary artery; this partition seems made up of carneæ columnæ, and was perforated by an opening capable of admitting the little finger, the edges of which were semi-cartilaginous; an opening, capable of admitting a goose-quill, communicated with the left ventricle and the larger cavity of the right ventricle. The left auricle contained no morbid appearance. Left ventricle: Mitral valves healthy; the opening from the right ventricle is patent before the origin of the sigmoid valves; two of these valves have ossific deposits in their substance. The aorta is slightly dilated, and there are patches of ætheromatous deposit in it. The substance of the spleen is soft, and gorged with blood; the peritoneal coat was thickened, and there was a patch of calcareous deposit, about the size of two crown pieces, in it, forming part of its substance; the remaining abdominal viscera were healthy.

Head.—The veins of the arachnoid were congested and full of blood; there was effusion of fibrinous serum between it and the pia mater; the brain was firm, and presented on section numerous bloody points.

It is to be regretted that no previous history of the case can be gleaned from any one, the only information to be had from his wife being that "of late he has been rather asthmatical."

It is a question how far the congestion of the vessels of the head depended upon the obstruction in the right ventricle, and whether that was congenital or not; if not congenital, how far the opening between the two ventricles and the patent state of the foramen ovale acted as compensation, and prevented any marked unpleasant symptoms during life. I should have mentioned in the first part of the description that the distance from Lichfield to Alrewas is but between

five and six miles, therefore he could not have been over fatigued.

Mr. Elkington then brought forward the liver, and a congested portion of the right lung, in both of which the serous membranes were much inflamed and covered with lymph, and a uterus, which was in a healthy state, taken from a patient of his who had died from puerperal fever, and stated the following particulars relating to the case before the society, and the disease in question :—

Jan. 26. I was requested to visit Mrs. Livingstone, aged twenty-four, mother of three children, who was confined with her third child on Friday morning, Jan. 19. She had a good labor, and was comfortable, till the next day. She then had severe and long continued rigors, she thought from the fire in her room being allowed to go out, and the woman about her gave her wine and spirits to warm her.

The next day she had pain in the right side under the breast, for which she had leeches applied, and was relieved. On Tuesday or Wednesday she complained of swelling and soreness of both arms.

Her present state, Friday, the 26th: Pulse 130, small, and compressible; tongue brown, dry, and cracked; bowels have been moved once freely this morning, and every day for three or four days; belly a little swollen, and slightly tympanitic; complains of pain about the belly and back, but says it is not severe; pressure applied over the uterus increases the pain; there is also tenderness on pressure over the epigastrium, but not about the umbilicus or middle part of the abdomen; pressure applied over the lumbar regions, posteriorly, causes severe pain; she complains of constant nausea, but has not vomited; pain in the left side under the breast; the pain in the right is gone; respiration quickened, accompanied by mucous râle; there is dulness on percussion on the right side of the chest, and there the respiratory murmur is very feeble; cough; very little milk; lochia stopped, she has had very little since the rigor; erysipelas of both arms, more particularly of the right, about the forearm and elbow; she sighs frequently, and is depressed. Her neighbours say that she has fared badly of late, and has scarcely had a necessary supply of food. A blister was ordered to be applied to the epigastrium, with a saline mixture, and pills with calomel, opium, and tartar emetic, every four hours.

27. Nine o'clock, a.m. Says she has had a little sleep, and feels better; tongue moister, and less brown; pulse 140; bowels moved once; has made water; very little milk, and scarcely any lochial discharge; the left arm is better, the right rather worse, the swelling about the elbow increasing; breathing hurried; no râle; slight tenderness over the uterus, and very great about the loins; nausea continues; blister not risen. To continue the mixture and pills. *Vespere:* Pulse 150; right arm worse; vesication under the elbow; breathing worse; slight cough; belly more swollen and tympanitic; bowels not moved. To continue the mixture and pills, and to have a turpentine injection.

28. Nine o'clock, a.m. Pulse 160 and very weak; tongue furred, brown, and very dry; has dozed most of the night, but not slept much; left arm better; right arm worse, the inflammation extending up to the shoulder and down to the wrist, the vesication under the elbow much increased; the bowels have been moved three times from the injection; belly not swollen nor tympanitic; there is very little tenderness about the belly, and much less about the loins than there was; breathing more hurried; she lies with her knees drawn up, and appears to be sinking. Ordered beef tea and stimulants. She died at eight, p.m.

Post-mortem Examination, Twenty Hours after Death.

Chest.—Effusion of serum into the right cavity, perhaps half a pint; pleura costalis on both sides injected, red, the lower part of the right being hepatised, and its surface coated with a thick layer of lymph, this coating extending on to the spine; recent adhesions between the pleura pulmonalis and the pleura costalis; on the left side there was but little lymph thrown out, and no serum; there were also a few bands of lymph passing from the pleura pulmonalis to the pleura costalis.

Abdomen.—The viscera generally look healthy; the intestines rather paler than natural, containing a little wind; no effusion into the cavity. On the *under* surface of the left lobe of the liver, large patches of lymph.

The uterus is tolerably healthy; the broad ligaments much congested, but no appearance of inflammation.

The gentleman who attended this patient was dressing at one of the hospitals, and in the afternoon of the 18th he dressed several patients, one who had ulcers in the leg, following sloughing from erysipelas, also a case of necrosis, and a bubo. In one of the wards of the hospital, into which he went that day, there was a bad case of erysipelas. In the course of that night he was called to Mrs. L., and attended her in the same dress he had worn at the hospital. It may be said that, this being a case of inflammation of the lungs and pleura, ought not to be classed with puerperal fever. But I would ask, is it not probable that erysipelas was the exciting cause, and that the morbific matter was conveyed by the attendant during the labor?

If we consider the great tendency of the serous membranes, and more particularly the pleura, to take on disease in cases of erysipelas, and if we consider, too, the exciting cause in this instance to have been the absorption of morbid matter, we must admit that, under some circumstances, it might, in the first instance, concentrate its poisonous influence on the pleura, in preference to the peritoneum or any other structure.

Mrs. Cotterill was confined of her third child December 15, 1843, and went on well till Monday, December 18. She then had a severe rigor, followed by pain in the head and abdomen. I saw her the next day, December 19; she was then complaining of headache; pulse 130; belly soft, and not tender; there was a little tenderness on pressure over the uterus, but no swelling; lochiæ plentiful, but rather offensive; milk not very plentiful; tongue reddish and dry; bowels moved only once since her confinement, and then very little. Ordered purgatives.

Dec. 20. Rather better; purged freely. Ordered a saline mixture and calomel, with tartar emetic.

21. Not so well; pulse 140; pain in the head. Leeches to the head, and to continue the medicine. *Vespere:* Head better; breathing short and hurried; pulse 130, and feeble; she is very anxious and irritable; lochiæ and milk continue. A blister was ordered to be applied to the sternum, and the saline mixture to be continued.

22. Better; blister risen; chest relieved; pulse slower.

From this date the case assumed the character of typhus, the pulse remaining quick for three or four weeks, seldom less than 120 per minute; tongue reddish and dry; breathing accelerated; bowels irritable, and easily disordered; a troublesome cough, and frequent wanderings at night. She was not convalescent till the beginning of February. I was unable to ascertain the cause of fever in this case; but it may be worthy of observation to remark, that about the third or fourth day after Mrs. C. had rigors, her nurse had an attack of fever, with erysipelas of both legs, and was laid up for nearly a fortnight. The eldest child, about four years old, had also a feverish attack.

My friend, Dr. Waddy, had last year a patient who was attacked with rigors, &c., about the third day after delivery, immediately followed by erysipelas of the leg, ending in most extensive sloughing. The patient recovered, with great deformity of the leg.

For the following case I am indebted to a friend:—He had been ill from a punctured wound in the finger whilst dissecting, and, after the removal of the acute symptoms, went into the country for a fortnight. On his return to business, he had slight erysipelas of the finger, of the erratic kind, frequently shifting from one finger to the other, and also he had a small chronic abscess near the elbow. In this state he attended the following patient in labor. He says, Mrs. H., aged twenty, a short, stout woman, of florid complexion, was delivered on Tuesday, January 2. Her labor was rather lingering, but, on the whole, a good one. The placenta, with the membranes, came away without any difficulty. On the following day she was doing well, but in the evening she was attacked with a severe rigor, followed by slight pain in the abdomen. She was ordered to take calomel and opium every four hours.

Jan. 5. Pain was increased, particularly when slight pressure was made on the abdomen; the pulse 120, sharp and hard; tongue furred; skin hot and dry; the lochia, which had hitherto been abundant, had ceased; and the bowels had not been opened since her confinement. Ordered twelve leeches over the uterine region; castor oil every four hours until it operated; the pills to be taken every hour. In the evening of the same day the symptoms appeared more grave, and as the leeches abstracted very little blood, and the pulse remained still hard, and very rapid, I bled her in the arm to fifteen ounces, when, syncope coming on, I desisted. When she recovered, she expressed herself better, and said the pain in the abdomen was less. Bowels not moved. Ordered a purgative injection.

6. The pain was considerably better, her bowels having been relieved in the course of the preceding night of a large quantity of dark and very offensive feculent matter; her pulse continued very rapid, and on this day it reached 150 per minute; tongue furred in the middle, edges red; complains of great thirst; belly swollen, and tympanitic. Ordered to have her bowels fomented with hot flannels sprinkled with oil of turpentine; to continue the pills, and to take saline mixture and vin antim. tart.

7. The pain was more severe, and she was constantly troubled with purging, which came on in the night; she complained also of violent nausea and retching, but she did not vomit. Her mind became slightly affected, and she was at times a little wandering in her expressions. Tympanitis removed; pulse 120, rather feeble, and fluttering; countenance anxious; eyes remarkably bright and expressive; tenderness in the uterine region, violently increased on pressure. Ordered a blister to be applied to the abdomen, and rubbed with mercurial ointment; to omit the pills.

8. Sickness unabated, and purging exceedingly troublesome; pain less severe; she says she is better; pulse 130, and more feeble; tongue dry and brown; lips and teeth covered with sordes; prostration rapidly supervening. Ordered an injection of starch, with half an ounce of syrup of poppies; to take camphor mixture, with ammonia and hydrocyanic acid; half an ounce of port wine every four hours.

9. She was in much the same condition, but more typhoid. She died the next day, being the ninth day from her delivery. During the whole time of her illness, with one slight exception, her mind was remarkably clear and collected, and, until within a few moments of her death, she gave directions respecting her funeral. Her milk was abundant, and she continued to suckle her child nearly up to the time of her death.

The mercury she took never manifested, in the slightest degree, its specific effect.

Sectio Cadaveris, Thirty-six Hours after Death.

The whole visceral and reflected peritoneum was inflamed, particularly that portion covering the uterus. This latter organ was firm, and well contracted, not at all disorganised, but containing within its cavity some dark colored and offensive fluid. The os uteri was of a dark color, apparently from congestion, passing almost into a state of ulceration. The ovaries were healthy; in neither could I perceive the slightest trace of a corpus luteum. The fimbriated extremities of the Fallopian tubes were highly vascular. The convolutions of the small intestines were glued together by layers of recent lymph. These were the only appearances observed.

In reporting these cases, Mr. Elkington said, my object has been to demonstrate the intimate connection which exists between puerperal fever, as it sometimes occurs, and erysipelas, either in its origin, progress, or effects. I have no wish to enter into detail of symptoms or treatment, nor can it be necessary to do so, as the subject has been so ably handled by Dr. Ferguson, Dr. Lee, Dr. Armstrong, and other authors who have written on the subject. It may not, perhaps, be considered irrelevant to state that puerperal fever, when it occurs as an epidemic, often presents some new feature, and assumes a different aspect, to the epidemic which preceded, or the one which may follow it. Not only is this the case as regards the disease as occurring at different periods and in dif-

ferent localities, but cases occurring at the same time, and in the same neighbourhood, and perhaps caused by the same agency, often differ materially in character. In one instance the case may be so well marked, and the symptoms so clearly developed, that he who "runs may read;" in another it may require the greatest care and nicest discrimination to form a correct opinion.

This, like every other fever, may be, and frequently is, modified and disguised by local disease, either of an inflammatory or a congestive nature, or perhaps by one partaking of the character of both, which may alter the mode of attack, influence its progress, or affect its termination.

The symptoms often vary; there is no set of symptoms which can be said to be always present, to form, as it were, land marks to guide us in our decisions; nor can any one symptom be mentioned as invariably accompanying it, or as characteristic either of its beginning or progress. The train of symptoms described by different authors are all at times present, and may be in their turns absent. In some of the worst cases that have come under my care the patient never complained of pain, in other fatal cases the pain has been a very insignificant feature. The lochial discharge may be suppressed, or it may continue neither changed in quality nor diminished in quantity, and this up to the period of death, which I have frequently proved by daily examination of the napkins. Again, the secretion of milk in some cases is not interrupted, in others it is entirely suppressed. In two or three fatal cases I have noticed an abundant supply, and the patient has suckled her child within a few hours of her death. The mind, in nearly every case I have attended, has been unaffected, the patient continuing perfectly sensible till within a few minutes of her decease. We cannot, then, point out any symptom by which this disease can be distinguished; it is by the *tout ensemble* that we must judge.

I have noticed in all fatal cases that the pulse has invariably and progressively got quicker and quicker.

It may not, perhaps, be considered out of place to observe, *en passant*, that the term puerperal fever has been objected to as a bad one, and that by persons of some authority and deservedly ranking high in the profession. It is more easy, however, to condemn a term than to suggest a better one; and even when that can readily be done, it may be questionable whether it would not be wiser to put up with one in general use, although imperfect, than to risk the introduction of a new one, and thereby cause confusion. It matters little by what name we designate a disease usually presenting a certain train of symptoms. As in this case, whether we call it puerperal, or childbed, or lying-in fever, it is meant and generally understood to convey the idea of a fever, or a disease accompanied by fever, occurring in the puerperal state.

It has been proposed to call it puerperal peritonitis; but this term would not be generally applicable, because the peritoneum is not always inflamed. Fatal cases every now and then occur without any ostensible inflammation, and where no evidence of its existence are discoverable after death. Persons die in this as in other violent fevers and contagious diseases, during the congestive stage, where there is not power to establish reaction. Again, it has been suggested that it would be better to give it a name having reference to its pathology, or indicative of disease from absorption of morbid matter; this, too, would be objectionable, because cases frequently arise from other causes—as cold, &c.

I have already exceeded the usual limits of such communications, and must, therefore, close my remarks by observing that puerperal fever and erysipelas are frequently, in some way or other, associated; and it is probable that further investigation will prove the frequent origin of this form of the disease in morbid matter conveyed by the attendant, and will, I hope, lead to preliminary measures for its prevention. Every hospital surgeon, and every man who is engaged in surgical practice, and who attends midwifery cases, should keep a dress purposely to attend labors in. If my endeavours should be instrumental in preventing the occurrence of such cases, I shall be amply repaid for the great anxiety and trouble which the subject has given me.

Mr. Elkington then exhibited to the society a piece of rough lymph which had been taken from the vagina of a patient of his, about three inches in length, and an inch and a half wide, smooth on one side, and having a flocculent or villous appearance on the other, and read the following particulars of the case:—

Case.—Oct. 14, 1843. I was requested to visit Mrs. B., a lady residing two or three miles in the country. She is about thirty-six years of age and the mother of six children. I learnt that she had been suffering from rheumatic pains for more than a week, brought on by being out late one night and getting cold. At the time I saw her she was suffering from acute rheumatic pain of the intercostal muscles of the left side, which she thought arose from pleurisy. The pain in her side was removed in two or three days, by warm applications and by taking colchicum, &c. She then had pain in the deltoid and trapezius muscles of each side. After some days the pain again shifted its position, and, being driven from pillar to post, traversed nearly the whole of the body, affecting at different times all the principal muscles and some of the joints. After contending and baffling with the enemy for nearly two months, I congratulated myself on having effectually routed and driven it from all its strongholds; but at my next visit, three or four days after, was annoyed to find that it had made a fresh onslaught —had got possession of the nates, and affected the glutei muscles, &c. After a few days it was again routed. The sclerotic coat of each eye next became affected, and then the iris. About the second or third day of the attack, there was pain in the ball of the right eye, dimness of vision, and an angular state of the pupil. The left eye was not so bad. My patient, who had lately been able to get into the drawing-room, was now (Dec. 3) confined to her bed, and her room darkened. A blister was applied behind the ear, and calomel and opium given every four hours. After continuing the calomel and opium two days, she was obliged to leave it off, as it produced great disturbance in the bowels, causing a dysenteric state. She was relieved by a dose of castor oil, and then took five grains of mercury with chalk three times a-day.

Dec. 6. She was better; the right eye improved;

the left well; gums a little sore; began to menstruate, and did so very freely, passing many clots, which she had been in the habit of doing at each menstrual period for some years past, and at times bits of membrane.

9. Eye much better; gums slightly affected; menstrual discharge copious. To take the powder night and morning.

11. I was requested to see her early, as she was worse, and had passed a restless night. The evening before, after sitting up in bed, she had a rigor followed by feverish symptoms, with an uneasy sensation about the heart, a sort of fluttering or palpitation. I found her anxious and alarmed; her pulse quick and feeble; tongue furred; complaining of constant nausea; heart's sound natural; menstrual discharge copious and offensive; and she complains of soreness and swelling of the labia pudendi. The discharge had the fœtor of the lochia about the third or fourth day; bowels moved once; both eyes well, the pupils acting regularly on exposure to light; the dimness gone, and she can bear the light without inconvenience; no return of rheumatic pains. Ordered effervescent medicines and an anodyne at night; arrow-root and milk with a little brandy, and to foment the labia now and then.

12. About the same; passed an uncomfortable night; pulse 100, small, and feeble; tongue furred and brownish; nausea; bowels not moved; discharge still copious, of a purulent character and very offensive, making the room very disagreeable; complains of very great soreness, burning, and swelling of the labia; says she feels as if a hot iron were held constantly near to her; she is low, depressed, and hysterical.

On examination the labia were found enlarged, and the mucous membrane lining the vagina, as far as one could see into it, studded with white spots, having the appearance of apthæ. Ordered an aperient and effervescent medicines; vaginal injections with tepid water and yeast; fomentations and poultices externally. Gums well, and the eyes continue well.

13. Passed a restless night; tongue furred; pulse 100 and feeble; nausea, she thinks from the fœtor; discharge very offensive; soreness and swelling continue; the whole of the inner surface of the labia covered by lymph; bowels not moved. To take an aperient every four hours till it operates, and then a quinine mixture; an anodyne at night; to use a lotion with sub-borate of soda.

14. Twelve o'clock, a.m. Passed a bad night; took the anodyne, but got very little sleep; was restless and dreaming; complains of headache; is low and dispirited; pulse 100, small, and irritable; discharge less copious and less offensive; nurse says they were alarmed last night by the discharge of two pieces of skin, which she had thrown away, but one like it expelled this morning she had saved. It is two or three inches long, and about half that breadth, smooth on one side, and having a flocculent or villous appearance on the other, firm and not easily broken, even when washed in two or three waters. It had so much the appearance of the mucous coat of the vagina that, at first sight, I feared it might be a slough of that membrane, but a moment's reflection on the history and progress of the case satisfied me that it was an adventitious membrane similar to that produced by diphthérite. On examining the labia I found them more swollen, the inner surface being absolutely raw, and covered by numerous bloody points, the whole of the deposit being thrown off; the perineum was inflamed, and the skin at the verge of the anus still covered by lymph. I had not been able hitherto to examine per vaginam; the swelling and soreness being so great, she dared not allow me; as far as I could see by separating the labia, the mucous membrane was clean but denuded; she suffers very much when she passes her urine, and cannot bear the nurse to use the syringe; considering it of great importance to have the vagina carefully washed out two or three times a-day, I did it myself night and morning, and each time passed the catheter; this contributed much to her comfort. The lotion now causing pain, was discontinued; she was to continue the quinine, and to have a little port wine negus two or three times a-day; to apply poultices to the labia. *Vespere:* She was better—calmer; pulse 100, fuller and softer; labia less swollen, still very sore; the perineum inflamed and deposits of lymph about the anus; urine clear. To continue the quinine, &c.

15, Nine, a.m. Better; has had a better night; slept two or three hours; pulse 100, weak; tongue furred, and inclined to be brown; head better; bowels moved once; urine clear; the discharge is less, and has very little fœtor; she has no sickness; the parts are better, less swollen, and sore; the perineum and external edges of the labia, amongst the hair, still covered with patches of lymph; the surrounding skin covered by a number of small pustules. Continue the quinine, &c. *Vespere:* Better in all respects; bowels moved once; tongue cleaner; pulse 90; she is in better spirits; discharge nearly stopped, and, what there is, appears to come almost entirely from the surface of the labia.

16. Better; has had a good night; tongue cleaner; pulse 90, stronger; labia better, less swelling; perineum, &c., better; the upper part of the labia healing, but now a fresh difficulty arose, from a constant disposition to cohesion between the labia; this was prevented by constantly keeping lint between the parts; bowels not moved. To repeat the aperient and continue the tonic; to have a mutton chop and a little porter. She passes her urine now without pain or difficulty.

17. Improving; tongue nearly clean; pulse slower; labia nearly healed, except at the fourchette, where there is a small ulceration. To continue the tonic, &c.

18. Improving.

19. Better; she has been much annoyed with irritation and itching about one nympha; on examination, find a patch of lymph, the size of a sixpence, between the lympha and labium.

20. Better.

21. Nearly well; she has leucorrhœa.

Jan. 11, 1844. Well; menstruating.

22. Quite well.

It may be interesting to state that on the 20th of December, when the patient was nearly well, two or three of the children became poorly; a little girl had sore throat and slight feverish symptoms; then the eldest son, a boy of ten years of age, had a severe attack, preceded by rigors, severe headache, sickness, a quick pulse, and sore throat. From the appearance of the throat and tongue, in connection with the pre-

monitory symptoms, I concluded he was going to have scarlet fever, but that was not the case. Two other children have had sore throats, with enlarged tonsils covered by patches of lymph, accompanied by low fever. They are now (February 3) invalids, having enlarged tonsils, furred tongues, &c.

MR. ADDISON ON THE PHYSIOLOGY OF CELLS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In a communication which you did me the honor of inserting in your Journal a few weeks ago, in answer to an article in the "British and Foreign Medical Review," and which occasioned the rebuke of your correspondent, "Phylax," I stated that *Messrs. Powell and Lealand* had furnished me with one of their one-eighth object-glasses for my microscope, and that it had enabled me to confirm the *bases* of all my published conclusions. I also stated that our Association had printed *a second series of Researches*, with illustrations, to be published in the forthcoming volume of the Transactions.

Since that period one or two very important facts have come to my knowledge, which I wish to make known as additions to these researches. With Powell's object-glass, in combination with one of my own original eye-pieces, giving a magnifying power of 700 diameters linear, I can always see in the interior of numerous mucous globules, found in a clear, transparent drop of saliva, myriads of molecules, in the most active state of motion, almost reminding me of the busy scene of an ant-hill. The globules in which this remarkable appearance presents itself are always perfectly circular, and have an uniform molecular aspect, free from any conspicuous granules, nuclei, or discs. This observation has directed my attention more particularly to the cause of the innumerable and various appearances presented by pus globules; and I now (with the same object-glass and eye-piece) can always find in *pus* a number of globules filled with active molecules, not differing in any respect from mucous globules. I have frequently seen these globules ruptured by contact with water, and myriads of the most minute active molecules floating, or rather wriggling, away from them. The irregularity in shape or outline, and the appearance of conspicuous granules, nuclei, or dics, either in these globules or in mucous globules, is evidently connected with the cessation of the active movements of these minute molecules. The perfectly circular and uniformly molecular mucous globule is a living cell; while those globules presenting the characters which have hitherto been considered characteristic of pus globules are, in my opinion, or according to my observations, dead and partially ruptured ones; therefore, *pus globules* (limiting the application of the term) may be considered as *degraded* forms, in comparison with those globules or cells which are alive, but in no other sense; for *I challenge any microscopical observer to show the formation of a pus, or of any other globule, by the exudation or coagulation of the fibrine of the blood.*

In the article in the "British and Foreign Medical Review," to which I have before referred, the author states that there is something too specific in the *character*, if not in the *appearance*, of pus globules, for *him* to adopt the conclusion that they are altered, colorless blood corpuscles. Now, the only possible way that I am aware of, in which pus globules can present a sensible character, is through the medium of the microscope; if this be true, then it is clearly impossible to separate, as regards these minute objects, a character from an appearance; but, without some further explanation, I am unable to understand the passage, unless it should appear that I have anticipated the announcement of this *character*, by pointing out the distinctions between the living and the dead cells.

Those who may have read my Experimental Researches, in the last volume of the Transactions, will no doubt remember that I have frequently described active movements in the interior of cells (particularly at pp. 267, 268, &c.,* and the observations there related have on two occasions been since verified); I can now fix upon a particular, and at all times readily procurable, class of objects, in which these phenomena may be evident to other observers; and I state it without hesitation, as the result of numerous observations, that, with a magnifying power of 700 diameters, having a clear and good definition, numerous globules, filled with the most minute molecules, in an energetic state of movement, may be seen in every drop of clear saliva; and similar objects may be seen in every drop of pus after it has been mingled with a drop of water.

I have no desire to shrink from fair and impartial criticism; on the contrary, at the risk of being somewhat premature, I shall here state the facts upon which my views and conclusions, shortly to be published, are founded; and I invite all who feel any interest in the advancement of the *science* of medicine to an experimental examination of the truth of these facts, if they wish to overturn my conclusions.

1. The colorless blood corpuscles circulate through all the capillary blood channels of the body.

2. They greatly abound in all situations where the process of nutrition is active.

3. They adhere to the tissues which form the boundary of the blood channels.

4. They enlarge by contact with water, and are then seen filled with minute molecules.

5. They discharge myriads of *active* molecules when ruptured by *liquor potassæ*.

6. The fluid part of their contents is of a fibrillating, plastic, or mucus-like nature; if the plastic element *fibrillates*, serum is the fluid result; if it does not fibrillate (but remain incorporated with the fluid serum), then the product is a mucus.

7. Myriads of active molecules may be seen in mucous globules (*i. e.*, in incipient epithelial cells), and also in numerous globules found in those products which go under the generic appellation, *pus*.

These are the chief of the facts which, to my mind, clearly connect the very highly organised, firm, molecular, and colorless blood corpuscles with the process of nutrition and secretion, and identify them with pus and mucous globules. The conclusions I have drawn from these facts are, I admit, quite incompatible with our present physiology; nevertheless, I am ready to vindicate them, because they are little more than a statement of facts, and because they appear to me to

* Pages 37 and 38 published separately by Mr. Churchill.

combine into a compact whole a *new physiology* with the results of pathological anatomy, and thereby more clearly indicate the principles which ought to guide us in the practice of medicine. By a new physiology, I mean a physiology that can maintain the dignity of a science independent of the chemical props which appear to be necessary to sustain the present tottering fabric.

I remain, Gentlemen,
Yours obediently,
WILLIAM ADDISON.

Great Malvern, Feb. 26, 1844.

DONCASTER UNION MEDICAL OFFICERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A second letter from "Provincial," published in your Journal for last week, has confirmed the opinion which I had previously privately expressed to you, that I am one of the individuals alluded to in that first letter, which charges two medical practitioners with "holding offices in the Doncaster and Rotherham unions, who possess neither medical, surgical, nor pharmaceutical knowledge from any source."

I certainly do not feel myself called upon to answer the sarcasms of "Provincial," so long as he conceals himself beneath his anonymous garb; when, however, he chooses to come forward, and ask those questions as a man of honor, and a gentleman, I pledge myself to prove to him, by such evidence as he cannot dispute, that I am, in every sense of the word, a regular practitioner, with the single exception of not being a member of the college, which, you are aware, at the time I entered the profession, was not a *sine qua non* for those who intended themselves solely for country practice; and I will convince him that I commenced my studies purposely for the medical profession at an early age, served a regular apprenticeship, passed a year as assistant to a surgeon of considerable eminence, finished my studies at St. Thomas's and Guy's hospitals, and, on the 1st of June, 1815, besides having private patients, was in full practice as parochial surgeon in a very extensive district.

I remain, Gentlemen,
Yours most respectfully,
JAMES BURMAN, Surgeon.

Wath-upon-Dearne, March 6, 1844.

THE BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Having already made some observations in your Journal respecting the proposition of Dr. Lee, in reference to the Benevolent Fund, and having then stated what I considered to be the original constitution of the Association, I should not again have thought it necessary to have approached the subject until our next annual meeting, had not I found the following sentence in a second letter from Dr. Lee, bearing date Feb. 6. In it he says, "I am decidedly of opinion that district branches will never effect the amount of good their benevolent projectors contemplate. Our strength lies in union. A district branch can do but little towards the attainment of so God-like an object as our Benevolent Fund is intended to promote. Look at the number of applicants, and how small a portion of aid to each such district, though well meant, charity will yield."

Now, let us examine how far Dr. Lee is justified in his opinion—but first, let it be remembered that Dr. Lee's proposition is that the sum of four shillings be added to the annual subscription, and that this, according to his calculation, will yield an annual income of £350 to the Benevolent Fund.

One feels unwilling at any time to draw comparisons, but more especially is this disinclination felt in matters of benevolence; nevertheless, when one looks, upon the one hand, at the result of the calculation of Dr. Lee, and finds that an increase of four shillings upon the subscription of *every* member of the Association would only produce to the Benevolent Fund an annual income of £350—and when, upon the other hand, he finds from the last report of the West Riding Medical Charity, that the distribution of charity for the present year alone amounts to £206, he is constrained to compare, and having compared, to conclude, that the report furnishes us, not with a "melancholy," but with a pleasing truth, and that we have good reason to hope, not "that district branches will never effect the amount of good their benevolent projectors contemplate," but that by a little kindly feeling and good management such *may* be effected.

In writing thus in favor of district branches, and in opposition to a constrained and compulsory benevolence, it cannot be supposed that I myself object to a *voluntary* contribution of five shillings to the Benevolent Fund, inasmuch as that is my annual subscription; but being a member of the above-mentioned charity, and knowing the workings of a well-conducted district branch, I feel bound to encourage, so far as I can, the more general formation of such throughout England.

I speak, therefore, disinterestedly, and in doing so I confess that I feel that Dr. Lee does not make a fair quotation from my letter when he, without noticing the context, merely remarks that "Dr. Inglis is glad that every member of the Association is not called upon to do likewise," *i.e.*, to make a compulsory addition of *four* shillings to his annual subscription of £1 1s. Surely Dr. Lee cannot have forgotten his own language in a former letter; it was as follows:—"Preferring deeds to words, I have added *four* shillings to my annual subscription, and call upon every member of the Association to do likewise." It was, therefore, in contradistinction to this that I made use of Dr. Lee's own words, adding to them the negative, inasmuch as I feared lest a compulsory increase of subscription of either nine shillings or of four might have "the effect," as Dr. Heygate justly remarks, "of withdrawing many annual subscriptions."

Without any further observations, I beg to conclude by again offering my best wishes for the welfare of the Benevolent Fund, so long as the contributions to it are voluntary; and instead of calling upon the members for any stated sum towards it, I would quote from the letter of Mr. Phenè (Jan 20), and say that "it is very desirable that each member should con-

tribute according to his means, in addition to his annual subscription."

I have the honor to remain, Gentlemen,
Yours most obediently,
JAMES INGLIS, M.D.

Halifax, March 1, 1841.

RETROSPECT
OF THE
MEDICAL SCIENCES.

CASE OF ENTERITIS, SIMULATING PREGNANCY, AND LABOR AT THE FULL PERIOD. BY M. BARBIERI, ESQ, SURGEON, LIMEKILNS, FIFESHIRE.

Mrs. M—— W——, aged thirty-two, rather stout, who had enjoyed good health for the last fifteen years, the mother of two living children born at the full time, and of one still-born at the eighth month, sent me a hurried message to attend her in her fourth accouchement, at eight, p.m., of the 16th of December, 1840. On entering the lady's bed room, I found her suffering severe and repeated uterine pains, such as occur at the end of the first stage of natural labor, and recurring, at an average, every five minutes; they commenced in the back, and stretched round the pelvis, and down to the anterior part of the thighs. From answers to various questions put, the following statement is drawn up:—The catamenia had been absent for nine months and two days; she quickened at the end of four months and a half; the motion of the fœtus had become progressively stronger every month; she had experienced morning sickness, vomiting, heartburn, irresistible longings, aversion to wine and tea, dysuria, spots and ephelides on the face and skin, frightful dreams, cramp and pain in the legs for the last fortnight, hæmorrhoids, varicose veins, and anasarca of the legs for the last two months. All these, with the exception of anasarca, cramp, and the aversion to wine, had occurred in her three former pregnancies. She directed my attention to the size of her abdomen, which was that of a woman at the full period of gestation; besides being hard, the uterine enlargement felt prominent and distinctly circumscribed; the entire abdomen bore the most minute and firm pressure at any point, without her experiencing the least pain or inconvenience. Her breasts, naturally rather small, were distended with an abundant secretion of good rich-like milk, such as to render it necessary to apply breast-glasses, which were emptied every quarter of an hour. This secretion of milk had occurred for the last two months and a half, and had never taken place in any previous pregnancy. The silvery lines referred to by Dr. Montgomery, were moderately visible. The areola around the nipple was strongly marked; the nipple was turgid and prominent; about fourteen of the glandular follicles immediately around the base of the nipple were sufficiently conspicuous to indicate a former pregnancy, but by no means such as to justify the conclusion of its present existence. She, moreover, told me that the liquor amnii had been discharged about half an hour before my arrival, and that she had a slight sanguineous discharge for the last three days, which caused her some anxiety, as it had rather an offensive odor. Before proceeding further, I may state, that her nausea and vomiting had left her for the last three months; her pulse was 130, full, hard, and incompressible; her tongue was clean and moist, and the bowels were open.

Notwithstanding the above formidable array of the signs of pregnancy, I felt dissatisfied at the absence of the glandular follicles at the base of the nipple, having always found them very prominent in all her former pregnancies; besides that, my educated ear (having been nearly thirty years in active practice), was not reconciled to our present pains; I therefore hinted my doubts of the existence of her condition, at which she felt very indignant, referring me, first, to all the signs individually, laying great weight on the absence of the catamenia for nine months, stating that the menstrual secretion had previously always been healthy, as to time, quantity, and quality; second, to the size and hardness of her abdomen; third, to the quantity of her milk; fourth, to the quickening and motion for the past four months and a half; fifth, to her previous experience of pregnancy; and, sixth, to the impossibility of her reckoning being wrong, owing to the absence of her husband during the entire period. About this time, I was hastily called away to visit a sailor who had received an accident in the neighbourhood, for which reason I gave her two grains of opium, and four of calomel, and left her for two hours. On my return, I found her laboring under powerful expulsive pains, such, indeed, as nearly led me to alter my opinion of the case. The lady herself declared that I would not be detained above two hours. But as it has often happened that females and their medical attendants have expected delivery for days, when there was no pregnancy, I proceeded to examine her per vaginam.

The external parts were greatly relaxed, and the vagina so much dilated as easily to admit my closed hand, and from it a sanguineous discharge issued, whose odor and external characters could not be distinguished from those of the ordinary lochia, unless, perhaps, in being somewhat more offensive; but we all know, that this smell, like that of sweat, is subject to considerable variety. The uterus was in an unimpregnated and healthy state, as regarded its body, cervix, and orifice; the os uteri retained distinctly its transverse orifice, with well defined and firm margins. I felt at a loss to account for the so-called discharge of the liquor amnii already referred to. It could not proceed from hydatids, cauliflower discharge, nor those splashes of urine which sometimes come away from pregnant women, as noticed by C. M. Clarke, owing to the state of the uterus. The catheter was therefore introduced, and upwards of two pints of high-colored transparent urine drawn off, divided into two portions, and reserved for analysis.

As the bowels had been opened by castor-oil a few hours before my arrival, I proceeded to examine the abdomen under the chemise. In addition to what has already been stated, I found a pale-brownish stripe, nearly an eighth of an inch in breadth, in the mesial line, running from the umbilicus to the ensiform cartilage, but which certainly did not correspond to the description or opinion given of it

by Mr. Turner. The effects of percussion were tried, as advised by Andral and Piorry, but having no pretension to the same extraordinary tact possessed by these most eminent men, no dependence was placed on its results. A marked degree of dulness and sonorous sound was heard from one to two inches of each other, in every direction, whether anterior or lateral. Owing to the state of the uterus, auscultation was not had recourse to, knowing the uncertainty of its results in real pregnancy in the most skilful hands. On examining the dorsal region, I found that firm pressure could not be endured without her wincing at every attempt. Perplexing as the case to me was, I now arrived at the conclusion, either that it was inflammation and great enlargement of the kidneys, or inflammation of the posterior aspect of the intestines; but how could the immense indurated abdominal tumor be accounted for, more especially as the bowels were represented always to have been open?

Aware that pregnancy is simulated by so many diseases, and *vice versâ*, and that a knowledge of these ought always to be at our command, otherwise that lamentable mistakes may be made, prejudicial to the life or character of the female, and not less injurious to professional reputation, by giving rise to dangerous errors in practice, as well as causing false inferences to be drawn as to the result; and as errors of this kind are not visionary, but have been of frequent occurrence, even to the most eminent in the profession, as Harvey, Cullen, Hunter, Smellie, Denman, and others, I reviewed the causes of abdominal enlargement. * * *

Having reviewed the causes, as far as recollection served me, I now considered the present case to be one of chronic inflammation that had assumed the acute form; and that it demanded the most immediate and energetic treatment, whatever might be its situation, or the cause of the induration and enlargement: and I trusted that the lancet would open the eyes of ignorance. Having communicated my decided opinion, and prepared the lady for the measures to be adopted, which were heard with profound astonishment, I proceeded without further delay.

In reference to the treatment, my circumscribed limits confine me to a general outline alone. The pulse being strong and frequent, sixty-four ounces of blood were abstracted from a large orifice, in the erect posture, without inducing the least approach to syncope. Its effects on the pain and expulsive action were great and immediate. So far the doctrine inculcated by Dr. Marshall Hall, Mr. Wardrop, and Mr. Barlow was illustrated,—that "little blood will flow if the frame can bear to lose but little; much will escape, if a large depletion be called for by the constitution." Moreover, I was entirely regulated by the effects of the blood-letting, and not by its quantity. In about ten minutes, a state of the most profound syncope and collapse followed, which continued nearly a quarter of an hour, accompanied by an incredible discharge of liquid fæces, amounting to at least four large chamber urinals, with an immense quantity of flatus, more noisy than offensive. Alarming as the case now was, I determined in trusting to her age and former constitutional powers. On recovering from this state, three grains of opium, and eight of calomel, were administered, to prevent reaction. On examining the abdomen, the enlargement and induration had disappeared; and all the vertebræ could be easily touched through the parieties of the abdomen. She was now necessarily left for eight hours, owing to an obstetric engagement. At my second visit, I found she had enjoyed six hours comfortable sleep and freedom from pain; that the pain had returned during the last two hours, but was for the first time, confined to the abdomen, where the slightest pressure could not be endured, while the back was free from it. The blood was now examined, and found to have a buffy coat of more than two lines in thickness, greatly cupped, firm, and elastic; the coagulum was very dense, and floating in a small quantity of serum. One portion of her urine was then submitted to the action of heat at the temperature of 170°, and coagulated rapidly, showing distinctly the presence of a large quantity of albumen. The case appearing one of enteritis, complicated perhaps with Bright's disease of the kidney, she was immediately bled to the extent of thirty-two ounces, in the erect posture, but without producing any of the former results. This was followed up by the application of forty leeches to the ileo-cœcal region, and the hip-bath when they fell off; a blister was applied over the entire abdomen, to be dressed night and morning with the ungt. hydr. fort.; and it was resolved to give her two grains of calomel, with a fourth of a grain of opium, every four hours. On the third day, the inflammation seemed to have been subdued. On the fourth, I had acute gastritis to contend with, and that alone; and notwithstanding the most energetic local treatment, and the immediate suspension of the calomel, she experienced no relief, except from the unceasing use of small portions of ice; from which, while the supply continued, she remained free from the burning pain, and other uneasiness. This, however, failed on the twenty-first; and after enduring several hours' suffering, she died on the twenty-second day of the acute attack.

Morbid Appearances.—On the abdomen being opened, there were found increased vascularity and thickening of the peritoneum; effusion of coagulable lymph, in the form of flocculi, with about four ounces of pus into the peritoneal cavity. The stomach presented great vascularity; two patches, the size of a half-crown piece, of softening of its coats, near the pylorus; and nearly the whole of the small curvature was more or less deely ulcerated. Great vascularity of the duodenum, ileum, and rectum; a few very small patches of softening were seen on the coats of the colon; a number of circumscribed, superficial follicular ulcerations, with one small perforating ulcer, were found in the last twelve inches of the ileum.

Here we have increased vascularity, ulceration, coagulable lymph, pus, and softening, as the results of inflammation. But we are told by Andral that vascularity alone is too often taken for an unequivocal indication of previous inflammation. Again, Bichat and Broussais maintain that inflammatory injection may have existed during life, and yet wholly disappear after death. Dr. Stokes states, that even ulceration, perhaps the most certain proof of all, may occur under circumstances in which it is impossible to

trace it to an inflammatory origin. And it is well known that the same remark applies to the softening of the coats by the gastric juice. These facts show, that "no morbid appearance whatever, taken singly, is a certain proof of the occurrence of inflammation;" but when combined they are irresistible.

The kidneys were in every respect healthy, as also the uterus, and all the other abdominal viscera.

We now come to the questions, Was the case one of inflammation? Was the quantity of blood abstracted too large? The state of the pulse, of the blood, the increased pain on pressure, the quantity of blood borne in a full stream for ten minutes, the relief resulting, the duration of the disease, the age of the lady, and the morbid appearances, sufficiently answer for themselves. The state of the blood, I admit, is of itself no argument:—We know from Ratier, Belhomme, and Sir A. Cooper, that the blood in health may sometimes be buffed and cupped; Dr. Crawford says that the same takes place in pregnancy, and in such as have been in the habit of being bled; and in influenza, as observed by Dr. Graves, it is generally buffed, even where there is scarcely any febrile excitement in the system, and thus affords a very fallacious indication."

We know that the presence or absence of pain, in the abdominal or iliac regions, even with the assistance of light or firm pressure, is no evidence of the existence of inflammation, as has been well pointed out by Andral and Elliotson.

The possibility of the case being one of intestinal irritation, abdominal neuralgia from uterine irritation, or morbid sensibility, could not for a moment be maintained; first, because nearly all their symptoms were absent; and secondly, because any of them would have been aggravated by bleeding.

With regard to the kidneys, had I been guided by the urine, we ought to have had Bright's disease. The result showed otherwise. Dr. Graves distinctly states that we may have albuminous urine without Bright's kidney, and on the other hand, that we may have Bright's kidney without albuminous urine. Again, he observes, "that in various cases which came under treatment in the hospital, he had shown that this state of the urine may depend on mere functional disease of the kidney." In my case this fact was important in a practical point of view. Dr. Bright lays down the doctrine that, in cases of dropsy, the presence of albumen in the urine ought to deter us from the use of mercury. Now, Dr. Graves observes, "I have treated several such cases successfully with mercury."

Lastly, notwithstanding the deplorable ravages committed on the patient's organs of digestion, the tongue continued, throughout the whole of her illness, clean and moist. This illustrates the justness of a remark made by Andral and Dr. Graves, that some persons are too hasty in drawing inferences from the state of the tongue as to the existence of affections of the digestive organs, a statement which applies especially to the late Dr. Armstrong, and some of our best writers.

To revert to the second portion of the urine, which was examined on the third day, it was found to have a small crust on its surface, formed of small, white, flaky, grumous matter, part of which had fallen to the bottom of the vessel, and resembled caseine. The precipitation was more abundantly produced by adding a few drops of alcohol to the urine.—*Lond. and Edin. Monthly Journ. of Med. Sci.*, Mar ch, 1844.

SPONTANEOUS CURE OF CATARACT.

Dr. Roussilhe, of Castelnaudary, gives the following case, which seems to prove that cataract may be cured by the efforts of nature:—A man, forty-eight years of age, experienced, in 1827, a sensation as if some foreign body had penerated into the right eye, which became painful when moved. He consulted a medical man, who was unable to discover any injury of the organ; he ordered a few simple remedies, which dissipated all symptoms of irritation. About fifteen days afterwards the patient found that vision with the right eye was becoming very weak; various remedies were tried without success, and the weakness of sight gradually increased. Six months after this period he was seen by Dr. Roussilhe; there now evidently existed membranous cataract of the right eye; the capsule was of a pearl-white color, but the pupil contracted well under the influence of light; there was no trace of wound of the cornea. About a year subsequently to this the foggy veil which obscured the patient's sight began to give way, and the power of vision increased gradually but slowly. The narrator of the case did not see him again until 1837, when he observed the following appearances:—The eye was smaller than natural; there was no longer any opacity behind the pupil; the iris was of a clear grey color, and its anterior surface slightly concave; the pupil larger than natural. The patient could distinguish light with ease, but was unable to read with the affected eye.—*Gaz. des Hôp.*, Feb. 13, 1844.

TREATMENT OF HYDRARTHROSIS BY IODINE INJECTIONS.

M. Velpeau has recently delivered the following remarks on this subject:—

"Eleven patients have been treated by iodine injections within the last ten months. All have been discharged from the hospital either cured or greatly relieved. No evil effects were produced by the remedy; this is a point on which I would insist, because the chief arguments against the use of injections were drawn from an imaginary apprehension of their danger. The effects of the iodine injections were usually as follows:—On the evening of the day on which the operation was performed, severe pain in the joint commonly set in, with fever, thirst, and restlessness; these symptoms continued for twenty-four hours; on the second day they were alleviated, and on the third they disappeared. One old patient experienced no pain whatever, although the injection used was needlessly strong;* in no case did suppurative inflammation occur. The object of the operation is to excite adhesive inflammation of the synovial cavity, similar to that which takes place in the operation for hydrocele, and the result of one case proved that the joint may be cured more speedily than the envelope of the testicle. Thus a shoemaker was admitted into la Charité with hydrocele and hydrarthrosis; both affections were combated with injections; the hydrocele detained him in hospital for

* Equal parts of tincture of iodine and water; M. Velpeau generally employs one part of the tincture to four of water.

seventeen days, but the joint was cured in a shorter time. I have seen the patient since his discharge, and the knee continues perfectly well."—*Journal de Médecine.*

MEDICAL REFORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As the sub-committee of the medical profession find it difficult to procure the names of country practitioners, so as to be able to forward to them copies of the "Address to the Medical Profession," I have been directed to solicit the favor, through your Journal, of requesting gentlemen residing in provincial towns to forward names of medical gentlemen, with their addresses, to whom they think copies ought to be sent.

Letters to be directed "To the Secretary of the Committee of the Medical Profession," Crown and Anchor, Strand, London.

I am, Gentlemen,
Your obedient servant,
W. SIMPSON, Hon. Sec.

March 4, 1844.

STATUE OF VERSALIUS.

The Belgians are about to erect a bronze statue in honor of Versalius in one of the squares of Brussels. The statue will cost £1040.

OPERATION FOR SQUINT.

The Academy of Sciences, Paris, has, after mature consideration, decided that the operation for strabismus is one which should be allowed to take a place, definitively, in the practice of surgery. The Academy has, therefore, awarded a prize of £120 to M. Stromeyer for having first devised and tried the operation on the dead body, in 1838; and a similar prize of £120 to M. Dieffenbach, for having been the first who performed the operation on the living subject, in 1839.

LITERARY INTELLIGENCE.

In the press, and shortly will be published, by Messrs. Longman and Co., a work on "MEDICAL AND SURGICAL EMERGENCIES," giving a brief view of the treatment of such cases as demand immediate medical aid.

TRANSPLANTATION OF CANCER.

It has long been a question whether cancerous disease is contagious. Gooch gives one case of a girl who had an obstinate ulcer on her tongue, after drinking water impregnated with cancerous matter, and who had cancer many years afterwards; and Mr. Mayo another of a man with malignant disease of the penis, which might possibly have been communicated from his wife. But these cases cannot be considered as conclusive; more especially as experiments made to propagate cancer by inoculation with its discharge have repeatedly failed. Whether the *discharge* however is contagious or not, Langenbeck has shown, that if the cancer *cells* are injected into the blood, they may take root and propagate themselves. He injected some soft matter from a medullary tumor into the femoral artery of a dog; and on killing the animal, nine weeks afterwards, two or three circular, flattened, light blue tumors, exactly resembling medullary sarcoma in man, were found on the surfaces of both lungs.—*Druitt's Vade-Mecum.*

TO CORRESPONDENTS.

*** *It is requested that letters and communications may be addressed to Dr. Hennis Green, 58, Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.*

Wells, Somerset.—A Member is informed that the members of the Provincial Association are not entitled to any copies of the Registrar General's Report.

Mr. Henry Greenup.—The case detailed by our correspondent, in which a brother practitioner charged him £15 10s. for attendance, is an example of shabbiness which we believe to be rare; but, as the affair is a private one, we cannot interfere.

A Member (Bristol.)—The practice of one professional man unfairly tampering with the patient of another cannot be too strongly condemned. We cannot, however, occupy our columns with private disputes. The best thing *B.* can do is to pull the interloper's nose and teach him manners, since he cannot improve his morals.

Aberdeen.—We have received several letters commenting on the proposed incorporation of graduates in medicine with the College of Physicians. The terms on which graduates from the Scotch and Irish universities are to be admitted, under the new bill, into the London College, are understood to be as follows. During the first year they will be permitted to incorporate themselves with the College of Physicians, without examination and a payment of about £30. It is probable that very few physicians residing in the country will avail themselves of this empty honor.

A Member (Sheffield).—We thank our correspondent for his offer, which we decline.

A Reformer.—We agree with *R.*, that the unseemly quarrels of the editor of the "Lancet," with persons who ought to have been altogether beneath his notice, are calculated to impede the progress of medical reform, at least in the metropolis. It was most injudicious to mix up matters of private jealousy with a public question. Respectable men keep aloof from scenes only fit for the atmosphere of Billingsgate, and quiet men avoid association with persons who seem to be unacquainted with any of the decencies of social life, and can only be restrained by the fear of bodily chastisement or the sword of the law.

Communications from *Dr. Sandwith, A Member*, and *A Graduate of Glasgow*, have been received.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 181.] LONDON, SATURDAY, MARCH 16, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES

ON

VENEREAL AFFECTIONS,

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XX.

July 29, 1843.

Papular eruptions—Mucous pustule; its symptoms and termination — Lichenoid eruptions — Scaly papulæ — Psoriasis and lepra — Suppurating syphilitic eruptions — Tubercle of the skin — Diagnosis of venereal eruptions — Treatment — Syphilitic iritis.

Gentlemen,—Two, three, or four weeks after roseola, sometimes at such a short interval as to warrant our considering the second eruption as a continuation of the first, do syphilitic papulæ appear. A papula is essentially a circumscribed inflammation of a cutaneous follicle, the cellular tissue being quite free from disease, and not even the whole depth of the skin being affected.

The prototype of papular syphilis—that which falls under our every-day observation, and which we consider as incontrovertible evidence of constitutional infection—is the symptom commonly called "*tubercule*," or "*pustule muqueuse*," *pustule plate*,* *condyloma*, *rhagades*—unmeaning or erroneous names, in place of which I propose that of "*plaque*," or "*papule muqueuse.*"

This form of disease begins by a papula formed on one of those portions of skin where the texture of the skin is thinner, more vascular, and more abundantly furnished with sebaceous follicles, also where habitual friction has modified more or less the tissue, so as to render it analogous to mucous membrane; such are the anus, groin, fold between the penis and scrotum, the umbilicus in fat people, the meatus auditorius externus, the axilla, the inner surface of the ear in infants, &c.

The mucous papula very frequently succeeds to chancre "in situ," and has in consequence been considered, by inattentive observers, to be identical with it—an error completely disproved by inoculation. Mucous papulæ are not contagious; the contrary opinion has been supported by authors, who allege in proof the well-known fact that this disease is communicated from one part of the skin to another, *in habitual contact* with it. The explanation is readily given: the patient who presents mucous papulæ is constantly under the influence of constitutional infection, and any stimulus whatever acting on the portions of the skin above mentioned, becomes the *accidental* cause of the development of a syphilitic symptom, which, in such regions, is the *plaque muqueuse.*

Besides, in order to demonstrate the contagious properties of the disease, it would be necessary to bring forward well-observed cases, wherein a patient affected with mucous papula, having had connexion or contact with a healthy person, the latter has become affected three or four days, or a week afterwards, with the same symptom. Such cases *do not* exist; on the contrary, mucous papula is never observed to appear before five or six weeks, or even a longer time, has elapsed since sexual intercourse—a time fully sufficient to admit of the previous existence of a chancre.

The mucous papula is of a dark red or purple color; a remarkable degree of symmetry is observable in its development on both sides of the body, even where contact does not exist. In those who do not pay a proper degree of attention to cleanliness, it ulcerates, and gives rise to a most offensive muco-purulent discharge.

It may terminate by resolution, or, by throwing out granulations, may become the origin of very obstinate vegetations.

From prurigo, eczema, or hæmorrhoids, a very slight degree of attention will suffice to distinguish it. Besides, the pre-existence of primary syphilis will materially assist the diagnosis.

Lichen.

Lichenoid eruptions may be irregularly disseminated over the body, or be assembled in crescentic or circular groups. Lichen is characterised by small, elevated papulæ, from the size of a pin's head to that of a pea. Their color is darker than that of the healthy skin, earthy, and uneven. Each papula is well circumscribed; the older the eruption the darker its hue; it may even assume a copperish tinge, or, to speak more exactly, a shade analogous to that of boiled ham, to which it is so aptly compared by Fallopius.

Exfoliation of the epidermis is not a necessary consequence of lichen; it is, however, frequently observed. No trace of the disease remains if its duration has been short; but, should it have extended beyond a few weeks, deeply affected the dermis, or modified the progress of epidermic secretion, depressed maculæ remain, which it may not, perhaps, be erroneous to attribute to capillary phlebitis. Under such circumstances, their color acquires a dark brownish hue, and may lead the practitioner into the error of instituting a mercurial treatment for a malady which is cured.

In scaly papulæ, the desquamating cuticle is greyish and thin. Around the papula is frequently, though not constantly, observed a white and slightly elevated ridge, distinctly pointing out the margin of desquama-

* Many are anything but flat, and none are pustular.

tion. This edging, to which Biett attributed, in my opinion, an undue degree of importance in the diagnosis of syphilitic psoriasis, may be absent when the papulæ are small, in which case the cuticle desquamates in farinaceous-looking particles, instead of in scales.

With this form I class the granulations of the alæ nasi; here the hypersecretion of the modified epidermis is considerable, and it being often divided by deep indentations, seems to imply a division of the dermis, which does not really exist.

It is, again, to the papular, rather than the pustular, variety of syphilis, that we must refer the scaly eruptions of the scalp, one of the earliest and most common manifestations of secondary disease. The enlargement of the cervical glands generally accompanies them in no inconsiderable degree. But we must observe that the intensity of the eruption bears no direct ratio to the number of glands affected, so that, in many cases of slight disorder of the scalp, the cervical glands will be found very considerably enlarged, whereas they are frequently difficult to detect in most abundant impetigo of the head.

Psoriasis.

A slow progress, less elevation of the papulæ than in lichen, considerable breadth of each macula, amounting sometimes to three lines in diameter, characterise this form, and separate it from the foregoing variety. Here a great tendency to the circular shape becomes manifest, and the "ham" color is more perfect. Psoriasis is observed on every part of the body, where mucous or muco-purulent secretions do not prevent the formation of scales.

A full lenticular papula, a ring, a crescent, such are its usual forms; and of the two latter, the "lepra nigricans," so frequently observed on the forehead or temples, affords a striking example.

On the scrotum, the annular shape, and on the soles of the feet or palm of the hands, the full papula, with thick, horny scales, are commonly met with.

Syphilitic eruptions, when seated on the forehead, bear the name of "*corona veneris*," and papulæ frequently break out in that seat, forming the weightiest of *constitutional* crowns.

All these eruptions have a remarkable tendency to relapse.

The color and form of pityriasis, eczema, and even herpes, have often caused them to be mistaken for the manifestations of constitutional syphilis; but the habitual use of a linen suspensory bandage, and frictions, with an ointment composed of one part of turbith mineral to ten of lard, or the white precipitate ointment, cure them in a short time, and thus would serve as a means of diagnosis from the more obstinate syphilitic eruptions.

Suppurating Syphilitic Eruptions.

With these we shall class the "vesicular forms," separated from them only by a narrow line of demarcation.

Syphilitic vesicles are comparatively rare, either in the herpetic or eczematous forms. The previous existence of indurated chancre, the darker color of the vesicular areola, the persistency of the disease, the frequency of relapse, the absence of itching, and the remarkable sanatory influence of mercurial treatment, constitute the chief differences which distinguish them from simple, non-specific eruptions of the same nature.

True pustules may present the well-known aspect of "*acne*," and differ in such cases, from the simple disease known under that name, by not being confined to the back, shoulders, or face, and also by their darker tinge.

Ecthyma is by far the most common form of pustular syphilis, and is more frequently seated on the lower than the upper extremity. The crusts are large, conical, and surrounded by a circular, inflamed margin. The ulcers concealed under the crusts may spontaneously heal, or yield only to mercurial treatment. Scrofulous, impoverished constitutions, are very subject to ecthyma, as also to "*rupia*," the large stratified crusts of which, with their superficial sores, are so characteristic as to need no further description.

Tubercles of the Skin.

Placed at the further extremity of the chain of secondary symptoms, tubercles occupy the whole depth of the dermis, and usually succeed to one of the preceding forms. They are generally accompanied by pustules on other parts of the body, and are sometimes also covered with pustules, so as to give rise to a compound eruption, well deserving the name of "*syphilide tuberculo-crustacée*," given to them by French authors; and being sometimes attended with an alteration of epidermic secretion, they constitute another compound form, "the tubercular and scaly."

The tendency to the circular form is here most evident; the alæ of the nose, the lips, cheeks, neck, body, or limbs, may be occupied, and, from its first origin, the hardness and inflammation may creep on to the neighbouring parts, thus forming the serpiginous variety. If not modified by appropriate treatment, their usual termination is an obstinate corroding ulcer. Occasionally, however, they are absorbed without ulceration; but, nevertheless, deep characteristic scars remain, and mark their place.

Syphilitic *onychia* varies in aspect according to the period of infection at which it is observed—erythematous and superficial, if a short time after chancre; deep, pustular, or even tubercular, if at a later period.

Whatever may have been said to the contrary, falling of the hair is, most decidedly, an early symptom, generally concomitant with roseola, or the first papulæ; when it does not occur *then*, it generally does not occur at all. It is easily distinguished from the natural obliteration of capillary follicles by the hair falling away from every part of the head indiscriminately, whereas the synciput is invariably the first part where natural baldness begins.

General Diagnosis of Syphilitic Eruptions.

The first inquiry to be made of a patient presenting suspicious symptoms refers to the primary diseases he may have had. The most important of all in this respect are the indurated chancre and the indurated gangrenous sore. Its value as a means of diagnosis, however, diminishes materially if the eruption is superficial, and if a great number of years has intervened, particularly if mercury has been exhibited for the treatment of the primary affections, long experience having taught us that after indurated chancre,

not treated by mercury, *six months do not elapse* without some secondary manifestation.

The nature of the buboes which accompanied the chancre must be carefully examined into, "suppurating bubo not being in general followed by constitutional syphilis."

The absence or the denial of previous chancres is not an absolute proof that existing symptoms are not syphilitic; but in a doubtful case, the absence of any scar, and the denials of the patient, if he has no positive interest in concealing the truth, may be taken into account.

If the only antecedent symptom has been gonorrhœa, it must not be forgotten that the discharge may have been symptomatic of urethral chancre.

After all histories of syphilis communicated by nurses, or by children at the breast, place several notes of interrogation, and remain in philosophic doubt.

After the history of the primary symptom, the first elements of diagnosis of an eruption are derived from the physical characters of the disease.

The color, darker than usual in the same form of simple eruptions—the circular or crescentic grouping of the disease—the enlargement of the posterior cervical glands in superficial forms—the absence of pruritus or fever—the chronic and tedious progress of the case—form altogether an amount of evidence which, combined with rheumatic or cephalic neuralgia before the eruptions, gives an almost complete certainty of the nature of the disorder. When, however, one alone of the above signs is present, it is impossible to ground upon it a positive diagnosis.

In tubercular forms, should any doubt remain, the tendency to serpiginous ulceration, or the depth of the circular sores, with elevated edges, purple areola, greyish fundus, &c., must be considered as denoting a syphilitic nature. Here, however, we must observe, that the physical aspect of such ulcers is so exactly that of "primary chancre," that nothing but inoculation can give the positive assurance that they are not, in many instances, the result of "more or less recent" contagious infection.

The cicatrices of syphilitic ulcers (constitutional) are usually areolar and depressed; they are dark at first, but soon become of a dead white color, and their circular form might induce the belief of their having resulted from gun-shot wounds, if their existence on a great many parts of the body at the same time did not render such a supposition improbable.

Syphilitic scales are frequently surrounded by a "white margin," a result of desquamation.

Crusts, generally conical, seldom cupped, are usually in this malady environed by a red, inflamed line; the crust is stratified, and formed of layers, broader as they are more deep, and consequently terminating in a point on their free surface. They are frequently of a dark brown or greenish color, particularly when they acquire any degree of thickness; they remain yellow, on the contrary, when thin.

Should the mercurial treatment be applied, if the eruptions, hitherto rebellious to all other means, readily yield from the time the gums begin to swell, the diagnosis will have acquired the last proof, and the disease may with confidence be asserted to have resulted from the venereal poison.

The best treatment for the secondary symptoms already enumerated is undoubtedly the mercurial treatment. I have sufficiently, in a former lecture, spoken of the mode of exhibiting this mineral, and need, therefore, detain you no longer on that point.

Sudorifics, particularly the decoction of the so-called sudorific woods, *i. e.*, sarsaparilla, sassafras, guaicum, &c., have been considered as highly advantageous in the treatment of secondary syphilis. Some have even gone so far as to consider these substances as exclusively sufficient for the treatment of any given case of constitutional disease. In my opinion they act like any other sodorifics, and may be replaced by them. As diaphoretics, they may assist more or less in the treatment of syphilis, but alone they are not only unable to cure constitutional symptoms, but are even inadequate to prevent them after indurated chancre. The import duty is very high indeed on sarsaparilla, and this circumstance makes me reject this root as much as I can in the treatment, particularly with poor people, who can find a far better use for their money than the purchase of an inert drug. Popular prejudice is, however, very strong in favor of sarsaparilla; and you will find yourselves reluctantly obliged to use it with patients who would not fancy themselves properly cured unless they had taken a certain quantity of it.

Tepid baths I strongly recommend in the treatment of the various eruptions; laxatives in most cases, and even blood-letting in plethoric individuals, are good preparation for the treatment, and will increase and give full play to the absorbing powers of the patient.

Cinabar fumigations (two drachms in each) are excellent assistants of the mercurial treatment. When a rapid local cure is desirable—in eruptions of the face, for instance—the plaster of Vigo cum mercurio causes the symptoms to vanish in a short time. These local means I have, for ten years, been in the habit of using, and, by some unaccountable mistake, of the printer's devil I suppose, M. Emery (of Hop. St. Louis) published last year some cases of success of the Vigo plaster, as something altogether new.

In the suppurating forms of syphilis, these applications are not so beneficial. Nay, they may even be attended with some peril; but mucilaginous lotions, vapor baths, dressing the ulcers with calomel ointment (from one drachm to an ounce), answers all purposes. For the ulcerated mucous papula I have derived much advantage from a lotion composed of a solution of one part of chloride of soda in four of distilled water. This should be used thrice daily; and after each application of it the parts are to be carefully dried, and plentifully powdered with calomel. A local cure is thus frequently obtained in a few days.

In late syphilitic eruptions, such as ulcerated tubercle of the skin, the following I have found a most powerful dressing:—

Tincture of iodine, one drachm;
Hydriodate of potash, six grains;
Distilled water, eight ounces. Mix.

In patients whose constitutions have become debilitated from various causes, I derive much benefit from the exhibition of the "tisane de Feltz (sarsa-

parilla and sulphuret of antimony); or the tisane de Pollini (the same with the addition of squine, &c.);" or, again, as habitual drink, the tisane called "des demoiselles de l'Opéra."

Zittman's solution (sarsaparilla, calomel, alum, cinabar, &c.), much praised in tertiary affections, is altogether superseded by iodine, and can seldom be of any use.

Gold and its preparations, much vaunted by the faculty of Montpellier, have been tried by Cullerier (senior), myself, and others. I have not found them by any means equal to the exaggerated praise they received at one time, and repose but slight confidence in them as medicines. In opposition to the Montpellier doctors, I hold that it is from the patient to the doctor, not from the physician to the patient, that gold is most properly circulated. The same observations apply to silver.

Opium, it is needless to say, is not a specific against syphilis, but a most useful adjuvant. Nitric and other mineral acids have acquired some fame in foreign parts. Alone they do not cure syphilis; but nitric acid, in particularly, is chiefly useful in cases where mercury has been dealt out with an unsparing hand.

The "cura famis" method, as an absolute and general rule, may truly be termed absurd. Rigid abstinence, *in all* cases, is an unreasonable and indeed a dangerous basis for the treatment of chronic disorders.

Recollect, Gentlemen, that some patients, particularly in hospitals, *must* be fed, driven, as they are, to an asylum by many causes of misery which shorten the life of the poorer classes of a metropolis. Feed and feed well those whose disease is probably aggravated by want; prescribe abstinence to the rich.

Secondary Disease of Mucous Membranes.

Between the secondary diseases of mucous membranes and those of the skin the greatest analogy may be said to exist. Indeed, complete similitude is prevented only by the differences of anatomical texture; and when these are taken into account, no more difficulty will be found to assign a precise date to any given symptom than in the eruptions of the cutaneous surface.

Thus, when the dermis is affected with roseola, *erythema* appears on the mucous membranes if they chance to become diseased.

Thus, at a later period of infection, should the external and internal integument become simultaneously the seat of morbid manifestations, whilst papular eruptions, psoriasis, for instance, are observed on the one, mucous papula breaks out on the other.

If pustules or tubercles of the skin exist, and, at the same time, a specific irritation of mucous membranes, it is under the shape of ulcers, more or less deep, that the disease will appear, it being impossible for crusts to be formed on mucous surfaces.

Scales are, as well as crusts, not met with on the inner membranes, the humidity of the secretions precluding their formation. Something analogous to scales may, however, be sometimes observed—a kind of humid scale, "a pultaceous grey deposit" intermediate between the dry desiccation of the epidermis, and the total absence of any desquamation.

The mouth may be diseased in any of its parts. The most common seat of secondary sores is, however, undoubtedly the tonsils and crura palati. Nothing is more rare than to meet with secondary affections on the pharynx.

The tonsil may be merely enlarged and erythematous, with stains of roseola on their surface; the voice becomes rough and hoarse, and the patient frequently complains at the same time of inconvenient "*tinnitus aurium*."

A more characteristic alteration, the *most* characteristic indeed, is the eruption analogous to mucous papula. The diseased spot is circular or oval, slightly prominent, perfectly circumscribed, and seems to be distinguished through a greyish opaline transparency —a color aptly compared by Dr. Lagneau to the results of the superficial action of lunar caustic on mucous membrane.

Pain may be absent, and is so in some cases; mostly, however, the patient experiences more or less inconvenience during the deglutition of solid food. The enlargement of submaxillary or cervical lymphatics is rare.

The diagnosis of secondary sore throat is not unattended with difficulty; it will be found, however, to differ from

1. Simple amygdalitis, by the more acute local inflammation of the latter, the febrile excitement which accompanies it, and the fact that the duration of simple phlogosis is limited to two or three weeks.

2. Diptheritic angina, by the more frequent occurrence of this disease in children; the acute progress, the fever, premonitory symptoms, and frequently the fatal termination of pseudo-membranous angina, will also assist in the discrimination.

Secondary *ulcers* may form on the tonsils after a local affection, analogous to the ecthymatous eruptions, or those similar to rupia. These ulcerations are not easily distinguished from simple inflammatory sores. The following general rules may, perhaps, be found practically useful:—

Simple ulcerous tonsillitis is very common; the acuteness of the symptoms, the coincidence of fever, the absence of any concomitant syphilitic manifestation, a proper investigation of the antecedent history of the patient, the sanatory influence of common antiphlogistic treatment, when taken into consideration, will, in my opinion, considerably diminish the difficulties of the diagnosis.

A moment's attention will be sufficient to prevent confusion with follicular or aphthous tonsillitis. As to scarlatinous or variolous angina, I will not waste your time by enumerating their many characteristic features.

The lips, frenum linguæ, gums, the inner surface of the cheek, the palate, may also present secondary symptoms.

The dorsal aspect, edges, inferior surface, or apex of the tongue, and its basis, are very commonly affected with obstinate mucous papulæ. In these various parts, isolated papulæ frequently resemble the eruptions of thrush (muguet); hence the name I have given them, "papules mugué formes."

Aphthæ, simple superficial ulcers, may be confounded with them, but their duration is much shorter. Cancerous spots, with their hard base, lancinating pains, and spreading ulcers, occurring besides

in elderly subjects, can hardly give rise to an error.

Syphilitic hypochondriacs, the worst variety of "malades imaginaires," occasionally derive great uneasiness from discovering, to their great dismay, the orifice of Steno's duct, the fungiform papillæ of the tongue, or again, the fimbriated aspect of its edges. The surgeon must be well acquainted with the anatomical characters of these parts, in order to dispel the fancies of a self-investigating hypochondriac.

We must distinguish, with the greatest care, mercurial ptyalism from syphilitic affections of the mouth, their treatment being in direct contradiction. It will, therefore, not be altogether useless to enumerate their differences.

In *ptyalism*, mercury has been recently exhibited; the inflammation is not limited to one spot; superficial greyish ulcers are met with on the inside of the cheek, on which the patient rests at night, and the gum of the wisdom tooth is frequently ulcerated deeply. The disease is acute; the teeth are loose, and seem to the patient to have increased in length, so as to meet sooner than usual on closing the mouth. The sores are not circular, but oblong, and parallel to the free edge of the teeth; the gums are soft, and bleed freely; the breath is characterised by its fœtor; saliva is secreted in greater abundance; the patient is feverish. Mercury aggravates the symptoms, and the disorder will generally cease spontaneously by the mere suppression of mercurials.

In *syphilitic affections of the mouth*, the sores are circular, surrounded in their immediate vicinity by healthy mucous membrane. They are more commonly seated on the tonsils or velum pendulum than elsewhere; their progress is chronic; the teeth are firm; no increase of the salivary secretion can be detected, and mercury improves the condition of the mouth, which, left to itself, would not be cured spontaneously.

In doubtful cases, suspension of mercurials will in a short time clear up all difficulty. In stomatitis, I find the best treatment consists in cauterisation of the ulcers with pure muriatic acid, and in the use of a gargle containing twenty drops of the same acid to eight ounces of barley water. I use also a medicine composed of a drachm of sulphur to an ounce of honey, of which the patient takes one drachm daily. Vegetations may form in the mouth, but are not common in that place. At the base of the tongue, however, mucous papulæ occasionally throw out granulations.

Throat.—The pillars of the soft palate are limits seldom passed by mucous papulæ. These troublesome symptoms sometimes settle on the larynx, and their presence is marked by dysphonia, or even complete aphonia, pain during deglutition and on pressure, laryngeal cough, and slight expectoration, without any precursive fever, or any febrile concomitant manifestation. The general health remains unimpaired—an important fact to notice, as it assists the diagnosis between this form and phthisis larnygea.

The same alteration may likewise be observed on the Schneiderian membrane. The mucous papulæ and their discharge, occasionally taken for nasal blenorrhagia, are found in general on both sides at once. Their duration is long, and they are usually accompanied by other secondary symptoms.

The fœtor of ozena is much more offensive than that of mucous papule of the nose. Herpetic eruptions differ from the effects of constitutional syphilis in the same place, chiefly by the antecedent history of the patient, the concomitant symptoms, and the curative influence of mercury. Deep, suppurative eruptions of the mucous membranes, occasion denudation of the bones and caries, or exfoliation. Late forms of syphilis—tubercle of the septum, for example—cause its destruction, and occasion a sinking of the extremity of the organ, which communicates to the countenance a particular expression, aptly termed by Dupuytren *sheep's nose* (nez de mouton).

Urethra.—Secondary gonorrhœa, from mucous papulæ on the lining coat of the duct, is far from being uncommon. Indeed, they may be conceived to occasion a certain degree of stricture, a disease positively produced in many cases by indurated chancre.

Vagina.—Here, as also on the os uteri, mucous tubercle appears. The syphilitic history of the uterus elucidates, in my opinion, in many instances, the nature of some affections, for which the words "malignant disease," "scirrhus," &c., are perhaps too lightly pronounced.

The same observations apply fully to the lower part of the rectum, where the same train of morbid phenomena is not unfrequently met with.

Treatment.—Mercury is decidedly the most powerful remedy which can be opposed to secondary syphilis. For the cure of this class of symptoms, I find hydriodate of potass cannot, by any means, compete with mercurials; after these it holds, however, a prominent rank amongst therapeutic agents.

Independently, therefore, of internal treatment by mercury, I use the following local applications in the various symptoms of constitutional disorder on mucous surfaces:—

For the mouth and throat, the following gargle answers better than most others:—

Decoction of conium, eight ounces;
Bichloride of mercury, two grains. To be used thrice daily.

Cauterisation of ulcers with the protonitrate of mercury (acid) assists much their cure. Muriatic acid has little or no influence on symptoms, which the above local treatment promptly dispels; and the difference of effect of these agents may even, in doubtful cases, throw much light upon the diagnosis.

For the nose, vagina, rectum, anus, &c., I recommend lotions, or injections with the diluted chloride of soda (liqueur de Labarraque), and the use of calomel as a dry application over the diseased surfaces.

Into the urethra bougies may be introduced, covered with an ointment made of one part of calomel to eight of opiate ointment.

Syphilitic Iritis.

The iris is particularly liable to become affected by secondary syphilis. "Venereal ophthalmy" is a bad name for the disorder which at present claims our attention; that denomination specifies nothing, and is equally applicable to sclerotitis or conjunctivitis as to the inflammation of the iris.

In the anatomical alterations of iritis, we observe

the closest analogy with the cutaneous manifestations of constitutional syphilis.

The deeper the concomitant eruption on the skin, the deeper also will the iris be affected by special inflammation. Thus, with *roseola*, the membrane of Deseemet, or even the uvea, inflame; with deep pustules or tubercles of the skin, little conical pustules are seen on the iris; floating vegetations of the pupil frequently result from specific disease. The condylomata described by Beer, the coxcomb excrescences of Müller, and the tufty aspect of the small circle of the iris, are all three degrees of the same morbid alteration.

Syphilitic iritis is very seldom observed either before the third month from infection, or after the fourth year. It accompanies very seldom tertiary syphilis, and may therefore with propriety be classed with secondary affections.

It is frequently preceded by headache, but begins sometimes without any premonitory signs.

The color of the iris becomes darker, and occasionally assumes a slight copperish tinge, best marked around its small circle.

In deeper forms of disease, the change in the color is not the only objective sign. The iris is really thickened; the circumference of the pupil becomes jagged and tomentous, the anterior chamber apparently diminishes in size, and the iris performs slowly and irregularly its movements of dilatation or contraction under the stimulus of light. The shape of the pupil is altered, from the circumstance of inflammatory adhesions formed between the iris and surrounding parts; these adhesions not being subject to any fixed rule, it is likewise impossible that the deformities consequent upon them are constant in their shape. I cannot, therefore, admit by any means, with Dr. Sichel, that the diagnosis of syphilitic iritis can in any instance be formed simply upon the peculiar obliquity of the deformed pupil.

The disease being in general very chronic in its progress, photophobia and epiphora are not often met with. The same observation applies to photopsia (vision of flashes of light), a symptom depending altogether on excitement of the retina or optic nerve.

The large meandering vessels are injected, and, at the same time, it is common to see underneath the mucous coat, in the depth of the sclerotica, very fine, straight vessels, radiating towards the cornea, and separated from it by a grey circle, distinctly visible in most cases.

Should the disease proceed any length of time without treatment, plastic exudation may form in the eye, or permanent contracture of the pupil, and even sometimes opacity of the crystalline lens, with in most cases complete and hopeless blindness.

Treatment.—No treatment will be found so advantageous in syphilitic iritis as the exhibition of mercury. On account of the special functions of the iris, and of the importance of preventing closure of the pupil, I add to each mercurial pill one-fifth of a grain of extract of belladonna.

The internal treatment must be conducted according to the rules previously laid down for the treatment of secondary syphilis. It must be persevered in for a long time, iritis being a most obstinate form of the disease.

The internal treatment does not exclude local applications, such as leeches, frictions with a mixture of equal parts of mercurial ointment and extract of belladonna, blisters, &c.; it will be often found necessary to bleed from the arm, and in all cases strict attention to the state of the digestive functions will be an indispensable condition of success.

CASES OF TYPHOID FEVER IN CHILDREN.

By P. Hennis Green, M.B.

CASE I.

Continued fever without local symptoms—Alternations of diarrhœa and costiveness—Fever spots on the sixth day—Meteorismus, diarrhœa, and involuntary stools—Death on the eighteenth day.

Reine Dugelet, a girl, fourteen years of age, was admitted into the Children's Hospital, Paris, on the 25th of November, 1834. The child had been ill for ten days previously; during the first six she complained of loss of appetite, heaviness about the head, and general uneasiness; her bowels were much relaxed for the first week. In a few days she began to complain of muscular weakness, singing in the ears with some deafness, loss of sleep, thirst, and fever. She was now compelled to keep her bed.

Nov. 26. On admission into the hospital the following symptoms were noted:—Face pale, but slightly colored over the malar bones; sense of weight in the head; ringing in the ears, with deafness; sight weak whenever the child attempts to sit up; slight tremor of the arms and tongue; the latter organ is moist and clean, but the lips are a little crusted; loss of appetite complete; no nausea, vomiting, or diarrhœa; abdomen somewhat tense, and sonorous on percussion, but not in the least degree painful; no dulness of sound over the region of the spleen; the mental faculties are not disturbed. Over the front of the abdomen, and at the base of the chest, are six or eight lenticular spots, of a rose color; skin dry and hot; pulse 120; some cough, without expectoration; mucous râle on both sides of the chest; in the evening the fever was higher, but without delirium. The patient was merely ordered some decoction of mallows, a gum julep, and milk and water.

27. Little change in the symptoms; no pain in the abdomen; no gurgling sound over the region of the cœcum; has passed only one stool; pulse 124; respiration 32; the tremor, already noticed, continues.

28. The child merely complains of excessive weakness; no pain in the head, chest, or abdomen; tongue foul; typhoid spots more numerous; heat of skin considerable; pulse 120; respiration 36.

29. No change; skin slightly moist; pulse 124; coughs a good deal.

30. Lips encrusted, and dark fur forming on the tongue; excessive thirst; no vomiting or nausea; one fluid stool; some pain is now felt on pressing firmly over the right iliac region; the rose spots are fading away; some sudamina on the neck; pulse 132; respiration 36; less sense of weight in the head, and no ringing in the ears, but the deafness continues. Lemonade for drink, and three glasses of Seidlitz water as a purgative.

Dec. 1. Since yesterday the child has passed five fluid stools, and experienced pain in the bowels with each; abdomen now free from pain on pressure; skin extremely hot and dry; pulse 132; no disturbance of the head. The purgative continued.

2. No change; only one fluid stool. Continue the Seidlitz water. In the evening she became violently delirious, and continued so throughout the night, in the morning falling off into a state of stupor.

3. Lies in a stupid state; answers slowly when spoken to; is more deaf; tongue dry and foul; abdomen more swollen and sonorous; subsultus tendinum; has not passed any stool since yesterday; pulse 120, feeble. To have an ounce and a half of castor oil in a purgative draught. The child was highly delirious at night.

4. The draught produced numerous fluid stools; abdomen painful on pressure; is more stupid than she has been; extreme prostration of strength. To resume the Seidlitz water.

5. No change worthy of notice.

6. Abdomen very painful over the region of the cœcum; the subsultus tendinum continues, hardly answers when spoken to. To have castor oil, as before.

7. Has passed several fluid stools, some of them involuntarily; the countenance is greatly altered for the worse; is very deaf; tongue exceedingly foul and dark; general pain over the abdomen; pulse 132; the skin over the sacrum is now beginning to slough.

8. The child is now delirious during the day; voice nearly gone; evacuations passed involuntarily; pulse not to be felt. Continue the Seidlitz water, and to have two blisters on the legs. The child sunk gradually during the day, and died at night.

Body Examined Thirty-two Hours after Death.

Head.—Dura mater healthy; the glandulæ Pacchioni are very large; arachnoid moist and transparent; veins of the pia mater injected; cerebral substance firm, and without injection; no serous effusion in the ventricles, or at the base of the brain.

Chest.—The mucous lining of the larynx is injected, and there are two ulcerated points on the superior chordæ vocales; the mucous membrane of the trachea and bronchi is also injected; the bronchial glands are of a large size, and soft.

The right lung adheres to the pleura; the posterior portion of the inferior lobe is congested; the lower lobe on the left side is congested and softened. Heart large, but healthy.

Abdomen.—Peritoneum healthy; the mesenteric glands, especially those near the lower part of the ileum, are red, tumid, and soft; the spleen is not enlarged, but it is very soft; liver large and friable. The mucous membrane of the stomach is of a reddish grey color; not softer than natural; that lining the duodenum and ileum is in contact with a yellow, viscid fluid; it is injected, but not softened; here and there are several spots of deeper injection, extending to several inches; in the lower third of the ileum are eleven patches of the glandulæ agminatæ, which are of a reddish brown color, and considerably raised above the surface; the two first are free from ulceration, but the nine which lie nearest to the cœcum present ulcers which, in many points, have totally destroyed the mucous tissue. In the intervals between these ulcerated patches the mucous membrane is of a deep red color, and softened; there are also numerous lenticular ulcers in the cœcum and upper portion of the colon, which are injected and rather soft.

REMARKS.

The three alterations of the mesenteric glands, spleen, and follicular apparatus of the intestines, which Andral, Chomel, and Louis regard as the anatomical characteristics of typhoid fever, were found to exist in the case just related. Eleven of Peyer's glands were considerably hypertrophied and injected, and nine were either totally or partially destroyed by ulceration. The glandulæ segregatæ presented analogous lesions. The mucous tissue of the stomach and upper part of the small intestines was healthy, but towards the end of the ileum we find it much softened and injected. Finally, numerous small ulcers existed in the cœcum and upper portion of the colon. The mesenteric glands, and those especially which adjoined the ileum, were red and augmented in volume. The spleen, it is true, was not enlarged, but it was so soft as to yield under the slightest pressure. The injection and ulceration of the mucous membrane of the larynx is worthy of notice; these lesions, which some writers consider peculiar to phthisis, are occasionally observed in the typhoid fever of children.

In estimating the value of the symptoms, I may remark that the continued fever which manifested itself from the outset of the disease could not have been accounted for by any serious lesion in the head, chest, or abdomen. There were no local symptoms to explain it, and hence the presumption that it must have been of a typhoid nature. The case, however, was soon cleared up by the manifestation of other signs, which are not to be mistaken—the alternations of diarrhœa and constipation—the loss of appetite and muscular power—the meteorismus—the stupor and peculiar slowness in the child's answers. The trembling of the hands and tongue at an early stage of the complaint is also a symptom well worthy of notice. The same kind of tremor may occur in hydrocephalus, but never at so early a period.

CASE II.

Low typhoid symptoms—Death during convalescence from pleurisy — Cicatrisation of the ulcerated patches—Mucous membrane of the intestinal canal healthy.

Julia Steiner, a girl, eleven years of age, was admitted into the Children's Hospital on the 7th of March, 1834. The child's health has been generally good, but for the last month she has been much indisposed. During the first eighteen days she complained of general lassitude and loss of appetite; had repeated but irregular accesses of fever, and frequently lost a small quantity of blood from the nose; for the last twelve days the fever has been high and continued, with evening exacerbations, delirium at night, and loss of sleep; diarrhœa for the last four days, and involuntary stools.

March 7. The patient's face is of a dull, leaden color; expression stupid; answers slowly, but correctly; she falls off, however, into a state of low delirium

whenever the attention is not strongly roused; some headache; vision weak; articulation impeded; deep prostration of strength; subsultus tendinum; the lips and tongue are dry, and covered with a dark fur; thirst excessive; abdomen tympanitic, but slightly painful on pressure; passes numerous stools involuntarily; pulse small, regular, 120; respiration 40; skin moderately warm and dry; no rose spots or sudamina observable; but very slight cough, without expectoration; some sibilant râle on both sides of the chest, which sounds well on percussion. To have an emollient draught and a bottle of Seidlitz water.

During the next four days the state of the patient did not present anything worthy of notice; the stools were passed involuntarily; she was completely deaf and violently delirious each night; the pulse varied from 120 to 132.

12. The diarrhœa has abated; the stools are now slightly tinged with bile; the delirium at night is extremely violent; abdomen tympanitic and painful; pulse 132. To continue the Seidlitz water, and have some soup.

From this period to the 20th the symptoms gradually diminished; the stools were less frequent, but still passed involuntarily; the tongue had become clean and moist. To continue the soup and have some wine and water; omit the purgative.

23. The patient is now convalescent; she has not had any diarrhœa for the last two days; abdomen free from pain, and no longer tympanitic; sense of hearing restored; for the last two days a discharge has taken place from the ears; skin less warm; pulse 110; numerous sudamina on the neck and chest.

This state of improvement continued up to the 30th, when the patient caught cold from exposure near an open window. In the night she was seized with violent pain in the right side of the chest, preceded by rigors; in the morning the pain continued unabated, with excessive dyspnœa and dry cough; she was unable to recline on the right side; pulse 130; respiration 44. The patient was now placed on strict diet; a blister was applied over the side, and other means employed to arrest the pleuritic inflammation, but without avail; she died on the 4th of April.

Post-mortem Appearances.

On examination after death, the brain and its membranes were found to be perfectly healthy. The right pleura contained about a pint of turbid serum, mixed with flocculent lymph; the lung on this side was pushed back against the spine, and condensed in tissue; at the lower part were several very small cavities filled with pus; a few miliary tubercles at the summit of this lung. The left lung was healthy.

Abdomen.—The mucous membrane of the stomach was pale and healthy; nothing worthy of notice in the duodenum and jejunum; at the lower portion of the ileum were several patches of Peyer's gland, of a dotted black appearance, but not prominent; in one of them were two very small ulcers. Just above the ileo-cœcal valve were three depressions of the mucous membrane, of an oval shape, and apparently the remnant of ulcers which had healed, and were lined with a thin membrane. The same appearance of cicatrised ulcers was seen in three points of the colon. The mucous membrane was healthy in the intervals between the patches and cicatrised ulcers just noticed.

REMARKS.

This case is interesting as an example of the condition of the intestinal canal during recovery from a very severe form of typhoid fever. There can be little doubt that the depressions noticed were patches of glands in which the process of reparation was very far advanced, and it is worthy of remark that the purgative treatment, continued during the whole course of the disease, did not seem to exercise any pernicious influence on the healing of the ulcers. It is not easy to account for the small purulent deposits found in the right lung; they did not resemble tubercular matter in a softened state, but were exactly like those metastatic abscesses which often accompany phlebitis. They probably existed previously to the pleuritic inflammation, and had some share in exciting it.

GUY'S HOSPITAL REPORTS.

CASES

SELECTED FROM THE

PRACTICE OF BRANSBY B. COOPER, ESQ.

MALIGNANT DISEASE OF THE BREAST.

Case I.—Elizabeth Bennison, aged fifty-three, was admitted into Dorcas Ward, Guy's Hospital, Dec. 27, 1843, under Mr. Cooper.

She is of a light sallow complexion, small features, spare habit of body, and nervous temperament; is unmarried; the catamenia disappeared three years ago; her general health is very good.

About six months ago she first perceived a small hard swelling on the outer side of the nipple of the right mamma, about the size of a nut, but not attended with any pain. It continued to increase in size very rapidly, but she never experienced the slightest inconvenience from it till about five weeks prior to her admission, since when she has had considerable pain in the breast, shooting down the right arm, and occasioning great disturbance in her rest at night.

Dec. 28. The tumor is now about the size of an orange; the integument over it greatly discolored; the nipple retracted; the swelling is hard, not very painful on handling, not adherent to the thoracic parietes; axillary glands not affected; her health is good, but affected by great apprehension on her part of an unfavorable issue; she has no cough; appetite impaired; complains of sickness and slight gastric irritation; bowels regular. Six leeches were ordered to be applied to the breast, to be followed by a poultice moistened with lead lotion.

January 2, 1844, half past one, p.m. Mr. Cooper removed the breast, taking away all the diseased skin; but little hæmorrhage occurred at the time of operation; two vessels only were secured. During the subsequent three hours several other vessels required ligatures.

At five o'clock the wound was dressed with dry lint, and twenty-five drops of tincture of opium were given.

On the 7th the lint was removed; the wound was

going on favorably; discharge of healthy matter. A bread poultice was applied, and she was allowed to have a mutton chop, wine, and porter.

On the 8th she was ordered a grain of quinine three times a-day, and a quarter of a grain of acetate of morphia at bed-time.

On the 13th warm water dressing was substituted for the bread poultice; two strips of plaster applied.

From this time the wound progressed most favorably, and now (Feb. 20) has nearly cicatrised; the patient's health has greatly improved, and she has gained flesh since her admission to a considerable degree.

Case II.—Sarah Matthews, aged forty-five, a married woman, residing in Essex, was admitted into Guy's Hospital Nov. 22, 1843; she has been employed a good deal in washing, and hence much exposed to vicissitudes of temperature. She is accustomed to drink freely of malt liquor. She is of somewhat fair complexion, though there is more or less sallowness on her countenance. She has had eight children, five of whom are dead; she has ceased menstruating eight years. About a year ago she first observed a small hard tumor under the left axilla, which gradually increased in size, and was attended with severe lancinating pain, until it obtained the size of an egg, when the skin became red and tense, but the hardness remained. About six weeks ago the skin sloughed, and some sanious serum escaped; this gave great relief, and since then the sore has been discharging a thin, sanious, and purulent fœtid fluid.

There is now on the left side, encroaching upon the axilla and side of the mamma, a large, unhealthy ulcer, with hard everted edges; it is excavated, and discharges daily from four to six ounces of thin offensive matter. It is moveable, and the mammary gland is not involved; no axillary glands enlarged.

Calomel, one grain and a half;
Opium, half a grain. At night.

Hydriodate of potass two scruples;
Compound tincture of bark, half an ounce;
Decoction of bark seven and a half ounces. Two tablespoonfuls twice a-day.

Lotion of chloride of lime; carrot poultice.

Dec. 1. Discharge much increased in quantity; pain continues; sleep indifferent; appetite bad.

Opium, three grains;
Mucilage of acacia, one ounce and half;
Lime water, six ounces and a half. For a lotion.

Six ounces of porter daily.

5. Ulcer indolent, though discharging much. Lotion of nitric acid.

12. The operation having been proposed, and meeting with the consent of the patient, Mr. Cooper excised the whole of the diseased portion, which was deeply seated, a portion of the pectoral muscle being removed; very little hæmorrhage occurred. Lint, dipped in cold water, was applied, and strips of plaster; one or two sutures were used at the mammary extremity, but the edges were in some parts three inches separate. The wound granulated healthily, though at first it was doubtful whether there would not be a slough of a portion of the integument. The edges were still further approximated by plaster, and she went out, January 23, well, the wound being all but healed.

Case III.—S. F., aged forty-eight, a married woman, living in a healthy district in Essex, was admitted into Guy's Hospital, Jan. 23, 1844. She is moderately tall and stout, of rather sallow aspect, and of nervous temperament; has been married fourteen years, and had several children, the last about seven years ago; she has never suckled with the affected breast, in consequence of the retraction of the nipple, but has not at any time suffered from too great accumulation of milk. Last October her attention was accidentally directed to the left breast, and she then discovered a defined and circumscribed tumor about the size of a large walnut. In November she began to suffer pain in it, of a darting and shooting character, which of late has seemed to pass through to her shoulders. A peculiar numbness or dull rheumatic pain, as she calls it, was also felt in the left arm. These have continued, and the size of the tumor has increased until the present time; it is now about the size of an orange, and very hard; none of the axillary glands are affected, and the skin, though adherent by the nipple, not at all discolored. No treatment has been pursued, except for the last fortnight, during which time she has been taking iodine and anodynes. Her health is good, with the exception of a highly nervous state, from dread of the operation.

Her bowels being opened daily, and her system somewhat reduced, Mr. Cooper operated on Friday, the 26th of January, an injection of castor oil having been previously administered. The tumor was removed by an elliptical incision, and, very little hæmorrhage occurring, only one vessel was tied; at the close she fainted, and wandered a little on reviving, but on the whole bore the operation well. She was laid on the bed, three strips of plaster, and lint dipped in cold water applied, and twenty-five drops of laudanum given to her; about two hours after hæmorrhage came on to the amount of about five ounces, three vessels being secured the lint was replaced; in an hour and a half, there being no bleeding, the wound was dressed; three sutures were used, with soap plaster and pads of lint.

Half-past Ten, p.m. No pain; skin warm; countenance good; dozing at intervals.

On the 29th the breast was dressed for the first time, and nothing could look better; the sutures were removed and soap plaster reapplied.

The progress of this case continued most satisfactory; her nights at first were rather bad, but tonic treatment being pursued, and porter and wine allowed, she slept better; her countenance and spirits became more cheerful. The ligatures were removed in about a week, and the breast healed rapidly.

Feb. 15. She has been up some days, and is gaining strength fast; the breast is entirely healed, except one small opening at the outer extremity; and there seeming a tendency in the matter to gravitate and burrow, an opening was made at the depending point with relief, and warm water dressing applied.

20. Just well. She went out to-day.

One curious circumstance connected with this case was, a very blackened discoloration of the skin above the inner end of the incision, with distinct fluctuation. This appeared to be where the scirrhus was most adherent to the skin, and was noticed four or five days after the operation, and it causing no pain was un

disturbed, and in course of a week or ten days the color and fluctuation were scarcely to be traced.

Case IV.—Esther Parry, aged forty-nine, a female of dark, yellow aspect, was admitted into Guy's Hospital Nov. 22, 1843. She generally enjoyed very good health, residing at Cheltenham. For the last six months she has been the subject of a swelling in the left breast, which increased gradually, and has attained the size of a small orange; it is hard, and its margin defined. She complained of frequent pain in it, chiefly of a shooting character. The nipple is retracted, but the skin is not tense or discolored. Two or three of the axillary glands are enlarged, but not painful. The operation being proposed and assented to, and her digestive functions having been carefully attended to, Mr. Cooper dissected out the tumor on the 5th of December; no part of the integument was removed. As the tumor was not adherent at any point, a separate incision was then made, and two hardened glands removed; they were very deep-seated, and closely connected internally with a large vein, which was avoided; very little hæmorrhage occurred, only one vessel being tied. Lint dipped in cold water and strapping were temporarily applied, three or four hours after the wound was dressed silk sutures being used and strapping; union now rapidly took place, no untoward symptoms occurred, and the patient went out of hospital, on Dec. 19th, well.

Case V.—Ann Allden, aged thirty-eight, single, and following the occupation of a servant, was admitted into Guy's Hospital, under Mr. Cooper, Jan. 24, 1844. She is a woman of nervous temperament and dark complexion, of regular habits, and generally enjoying good health. About eighteen months ago she perceived a small tumor over the left nipple; it was very hard and painless for three months, after which time she experienced pains lancinating into the axilla and scrobiculus cordis, which have continued to the present time, being most severe at night. The tumor now occupies the entire breast, and a large gland in the axilla is affected, causing great numbness down the arm. Ordered, Jan. 25,

Blue pill, two grains;
Powdered rhubarb, three grains. Every night.

Tincture of hyoscyamus, one drachm;
Aromatic spirit of ammonia, one drachm and a half;
Solution of acetate of ammonia, one ounce and a half;
Camphor mixture, six ounces. Two tablespoofuls thrice a-day.

Her health being tolerably good, Mr. Cooper on the 30th of January removed the breast by the usual operation, and afterwards enlarged the wound to remove the gland from the axilla, which was of large size, and situated close to the axillary vein. Very little hæmorrhage occurred, and the patient bore the operation tolerably well. Three vessels were afterwards taken up in the ward, and the edges of the wound were brought together by two lateral compresses of lint and strapping. Ordered twenty-five drops of tincture of opium at night.

Jan. 31. Has had no rest during the night, and complains of pain down the arm; pulse 98, full, but compressible; surface hot; bowels not open. Saline effervescent mixture, one ounce, thrice a-day.

Feb. 2. Bowels open freely; does not rest well; pulse and tongue natural; occasionally has darting pains in the breast, which is looking very well; much suppuration from the axilla.

Feb. 8. Much improved, but complains of flatulence, and is rather weak; wound rapidly healing. Ordered a pint of porter daily, and

Aromatic spirit of ammonia, one drachm and a half;
Sedative solution of opium, fifteen drops;
Compound tincture of cardamoms, three drachms;
Camphor mixture, seven ounces and a half. Two tablespoonfuls thrice a-day.

Since this period she has been gradually improving; the wound is at the present time, Feb. 20, perfectly healed; the medicines and porter have been continued, and she will leave the hospital in a few days.

Case VI. — Maria Millard, aged twenty seven, single, a milliner by occupation, was admitted Jan. 24, 1844. She is a woman of strumous diathesis, generally enjoying good health, but obliged to sit up late at night, and has had much care and anxiety. About eight years ago she received a blow on the right breast; a small tumor, very hard, and about the size of a pea, appeared under the nipple, but she never experienced any pain. It remained in this state till three or four months from the present date, when it began slowly to increase, without pain, till it attained the size of a chicken's egg. It is very firm and hard, perfectly circumscribed, and not adherent either to the integument or pectoral muscle; there is no puckering of the skin or discoloration; she wishes to have it removed, as she is about to travel to India.

Jan. 25. Pulse rather languid; tongue a little coated; bowels open. Ammonia julep, with compound rhubarb powder, thrice a-day.

27. Mr. Cooper removed the tumor by making one incision, and dissecting it out. On examination under the microscope, it proved to be highly malignant.

28. Patient passed a comfortable night; slight fever. Saline mixture thrice a-day. Wound not painful; bowels open.

31. Wound almost healed; patient comfortable in every respect. Took a mutton chop and porter.

As she wished much to proceed on her journey, she was presented cured on the 2nd of February.

REMARKS.

We have here related six cases of malignant disease of the female breast, which illustrate several practical points in the history of cancer of the mamma, and which may suggest some useful reflections. All surgeons confess that we can expect no permanent benefit from the constitutional treatment of cancer. The diseased parts must either be extirpated by the knife or destroyed by local applications of a caustic nature.

Where a disease is of such a kind as to admit of no other relief than that which may follow the removal or destruction of the diseased parts, it is peculiarly incumbent on the surgeon to be careful in the diagnosis which he may form. Tumors of the female breast are of two kinds, the malignant and the non-malignant, the first comprising (with some others) fibrous tumors, or, as Sir Astley Cooper called them,

"chronic mammary tumors;" the second composed of scirrhous or fungoid tubercle. The first question, then, which the surgeon has to ask himself, in cases of mammary tumor, is one of much importance, though not easy of solution—Is the case before me simple fibrous tumor, which may remain for an indefinite time without degenerating, or may, perhaps, ultimately disappear; or have I a case of true scirrhus, for which the only hope of its annihilation is the knife?

This important question has recently occasioned a long and learned debate in the French Academy of Medicine; and, in treating it briefly, we shall allude to some of the opinions delivered by the most eminent surgeons in France on this subject. The chronic mammary, or fibrous tumor, is carefully described by Sir Astley Cooper in his work on Diseases of the Breast. According to that distinguished authority, the characteristic marks of the disease are the following:—It generally attacks young persons, from the age of seventeen to thirty years, but it may occur at a later period of life. It is attended with little pain, and may remain indolent for many years. The general health of the patient remains unaffected by it. The progress of the disease is slow, and it often exists in almost a stationary state for a number of years. Its situation is superficial, being rather *on* the surface of the gland than *in* it. The tumor is extremely moveable, and, above all, it has a lobulated feel, being distinctly composed of numerous lobes conglomerated into one mass, with a broken or divided surface. Such are the distinctive characters of fibrous tumors of the mamma, according to Sir A. Cooper, whose opinions are warmly supported by M. Cruveilhier, in the discussion to which we have alluded. M. Cruveilhier further asserts that the fibrous tumor is incapable of degeneration into malignant disease; but on this point he is opposed to the authority of Sir A. Cooper, who says, "Although these tumors are not in their commencement malignant, and they continue for many years free from the disposition to become so, yet, if they remain until the period of the cessation of menstruation, they sometimes assume a new and malignant character."

It must be confessed that, in practice, the diagnosis between fibrous and scirrhous tumors of the mamma is not always so easy, and the surgeon may often experience some embarrassment in satisfactorily deciding on the question. The most eminent amongst the French surgeons contend that the diagnostic characters which we have enumerated cannot be depended on to any certainty.

They affirm that, in the early stage, many true scirrhous tumors are moveable and detached from the gland; that they also may remain stationary and free from pain for several years, without much affecting the general health; and finally they assert that the lobulated surface does not always exist in cases of fibrous tumor. They also ask, and with much truth, does not the surgeon often meet with cases of tumor which has presented for many years all the appearances of a fibrous tumor, and then rapidly assumed the characters of scirrhus or cancer requiring extirpation.

The cases reported from Mr. Bransby Cooper's practice illustrate, as we have said, many of the points now under discussion. Some of them show the slow way in which malignant disease is occasionally developed; the absence from pain during a long time; the little effect sometimes produced on the general health; and the rapid manner in which tumors, apparently of a simple nature, may assume malignant characters. The case of Maria Millard (Case VI) is peculiarly instructive in this point of view. She was a young woman, twenty-seven years of age only; the tumor remained stationary, and free from pain for nearly eight years; three or four months previous to the operation it began to increase, but still remained free from pain or adhesion either to the skin or pectoral muscle. The woman's general health was good, and she appears to have demanded the operation rather from fear of the future than from immediate suffering. The tumor, in fact, presented a great many of the signs of fibrous tumor, yet when removed it was found to have been "highly malignant."

The question of operation must, of course, be subordinate to that of diagnosis; but where the latter is uncertain, we may, perhaps, lay it down as a safe rule that, in all cases attended with any suspicion, the surgeon should remove the diseased mass, at an early stage and in a complete manner. The successful cases of Mr. Cooper, which we have reported above, show a termination as rapid as it was fortunate. By early removal we avoid the danger of malignant degeneration, the occurrence of which (even in cases of fibrous tumor) can neither be foreseen nor prevented; we relieve the female from a source of constant and most distressing anxiety, and where the disease (as it is sometimes) is local, we diminish the chances of general contamination.

But the question of operation admits of being viewed in a different manner, and indeed is so viewed by many respectable authorities, who doubt the utility of extirpating any malignant tumor. The existence of such tumor, they say, indicates a constitutional tendency to the disease or diathesis, and by removing the diseased parts the surgeon only puts out of sight the external symptom of the inherent, internal malady; hence the operation is unnecessary and cruel. But in answer to such an argument, Mr. Cooper is accustomed to state that the judgment of no one is infallible, and that extirpation at the proper moment may prevent a local affection from putting on a malignant action. Mr. Cooper believes that a common chronic tumor is convertible into scirrhous in certain constitutions. As a proof that common irritation may become converted into malignant ulceration, we have an example in chimney-sweeper's cancer; if, when the disease first commences, the warty growth be removed, and the patient be *no longer* submitted to the irritation of the soot, the disease will not return; but if they resume their occupation it as surely will. This proves that any exciting cause which continues to interrupt the natural attempts at reparation will frequently lead to malignity. Besides, the extirpation of true scirrhus frequently is advisable as tending to prolong life and to diminish the sufferings and dreadful inconveniences inseparable from large ulcerating surfaces, although it may offer little or no prospects of permanent cure. In fact, who knows positively what he

himself means when he pronounces a disease malignant; indeed, no definition that we know of assists us, and all that can be called in aid to the judgment is empirical, and merely founded upon the resemblance to some supposed physical appearance in former cases. The microscope, there is every reason to believe, promises to throw some fresh light upon the subject; but as this instrument, however, can only, as far as yet used, be called in aid after the tumor has been removed, excepting, perhaps, in cases of ulceration, when both the granulations and secretions from them may be usefully submitted to inspection.

As science advances, it is to be hoped that humoral pathology will make rapid strides, and who knows but even the blood itself supplying malignant tumors will indicate their nature.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MARCH 16, 1844.

We have from time to time brought under the notice of our readers several of the more important subjects connected with the public health. We now propose to speak briefly on ventilation, of which we are reminded by a recent publication of Dr. D. B. Reid's,* whose success in ventilating the House of Commons is well known. We will, therefore, lay a few of his illustrations before our professional readers, in the hope that they may be channels through which a knowledge of the importance of a free diffusion of pure air may be widely spread amongst the public.

That pure air is necessary to the enjoyment of health and long life, everybody knows; but yet everybody is not aware of the immense difference in the performance of the bodily and mental functions, which may be caused by a difference in the supply of air, quite unappreciable by the ordinary senses. One of Dr. Reid's illustrations of this point is curious and conclusive enough.

The amount of food and the supply of air must always bear a certain ratio to each other. Food, or its equivalent, heat, is, as Dr. Reid observes, even more essential to the frame than fresh air, which consumes the body by slow combustion when food is not supplied. It is no wonder, therefore, that poor wretches, whose supply of nutriment is scanty, should be so sensitively alive to the impression of currents of cold air in their miserable dwellings, and so tolerant of their noisome atmosphere, which, to use Dr. Reid's words, "reduces the oxygenation, preserves warmth, stupefies the feelings, and allays the pangs of hunger.'

But let us reverse the state of things. Let us take the case of people who would, as is said of certain aldermen, share their fortunes with the poor if they could share their appetites as well. If the foul air and the bad appetite go together, is it not likely that the fresher the air the keener the appetite also? Dr. Reid will furnish us with an example to the point.

Some years ago, he tells us, about fifty members of one of the Royal Society Clubs at Edinburgh dined in an apartment he had constructed, where all the products of the combustion of gas were entirely excluded. Large quantities of a mild atmosphere were constantly supplied, and passed in quick succession through the apartment throughout the whole evening' the effect being varied from time to time by infusing odoriferous materials, so that the air should imitate that of a lavender field or an orange grove. The evening went off well, the members enjoyed themselves, but noticed nothing in particular.

Not so, however, mine host, to whose duty it fell to chronicle certain arithmetical items connected with the feast. He noticed that three times the amount of wine was consumed that was used by the same party when dining in a room imperfectly ventilated, and not protected from the gas vapors; "those who were in the habit of taking half a bottle took a bottle and a half;" and, what is of more consequence, not a solitary headache followed the symposium.

We commend this fact to the earnest attention of the city companies. But, continues Dr. Reid, no argument is more common against ventilation, among many people, than the expensive appetite it maintains. Workmen have been known to strike for wages, upon the introduction of an improved system of ventilation into manufactories, their former wages being insufficient to provide the necessary increase of food. The profits of the small dining-rooms, in which the poor city clerk soon finds his appetite satiated, because the air is saturated with culinary vapors, would be much curtailed were they well supplied with pure air; and Dr. Reid hints that the proprietors of such ill ventilated places have no right to charge the full price for the privilege of attacking the "joint."

When next Nasidienus too, invites his guests, "de medio potare die," he may learn that "a fête given in an ill-ventilated apartment, crowded to suffocation, and saturated with moisture, is very œconomical in general, compared with that which has to be provided in a flowing atmosphere." What a difference, too, must there be between the fête champêtre and the midnight ball.

Taking these familiar but sufficient exemplifications of the silent influence produced on the minuter functions of the frame, by that element whose importance to life is such that we partake of it 1200 times every hour, it is easy to form some conception of the vast amount of mischief, moral, physical, and pecuniary, which is continually being effected by an imperfect or vitiated supply of it. Can it be supposed that the sleeping places of sailors between decks, where

* Illustrations of the Theory and Practice of Ventilation; with Remarks on Warming and Exclusive Lighting, and the Communication of Sound. By David Boswell Reid, M.D., &c. London: Longmans, 1844.

hundreds of men are berthed together in their hammocks as closely as possible, and under circumstances as adverse as possible to proper ventilation, must not tend to reduce their strength and health, and consequently to decrease the number of efficient hands on board? The pecuniary loss attendant on imperfect sanitary arrangements for soldiers, sailors, in fact for the whole laboring population, may be very easily comprehended. All the hands have their strength impaired, so that it takes (say) fifty-one to do the work of fifty, and a certain per centage (say wo) is on the sick list. Thus fifty-three people have to be paid and maintained where fifty would otherwise suffice. The numbers are arbitrary, but the principle of calculation is correct.

Then let us refer to schools, in which, as Dr. Reid states, the children of the humbler classes are frequently placed in atmospheres so bad, that the only excuse for keeping them there is to be found in the fact that, unhappily, it is still worse at their own homes. In churches, too, where the immense crowd, the gas-burners, and the total absence of all proper ways for the ingress and egress of air, cause frequent faintings and sleep, what room for wonder is there at the indifference of the congregation both to devotion and instruction? The state of ventilation, again, in many hospitals is such as to render them curses rather than blessings to their unfortunate inmates. Witness the erysipelas and phlebitis, and especially that scourge of the lying-in hospitals—puerperal fever—which has undoubtedly rendered these institutions a very Malthusian kind of charity.

We have said enough to prove the importance of the subject, and perhaps to induce our medical friends to give it some share of their attention. For it is not a large, indefinite *quantity* of air only that is required. On the contrary, its quantity requires to be varied under different circumstances of weather and apartments, crowded or the reverse; whilst its temperature, its moisture, its purity, and its introduction in a diffused form, so that there shall be no injurious currents, all require a nice and scientific adjustment. For information on these points we recommend our readers to draw largely from the amusing and instructive work of Dr. Reid.

THE GRAVEYARD QUESTION.

A book* on the graveyard question has been forwarded to us by a correspondent, who takes great interest in everything that concerns the public health and morals. The book in question is honored with a recommendatory advertisement from a body who have given themselves the unamiable title of the "Committee for Opposing the Bill for the Improvement of Health in Towns," and is in the form of letters to the "Dissenters of England."

Now, before examining this curious production, we set ourselves to guess at the arguments which the author could possibly adduce in behalf of the present horrid system of burial. We expected, and we actually meet with, much of the ordinary clap-trap of the hardship of "depriving parents and children of the awful privilege of sleeping in the same sepulchre;" of the affecting desire to lay our bones in the time-hallowed spot where the ashes of our forefathers rest, &c. &c.; and we flattered ourselves that we could easily bring answers to these ebullitions of filial piety, by showing that no man's father's ashes rest long in any London graveyard. They are scattered to the four winds long before their children come to rest by their sides.

We confess, however, that we were not prepared for the awful disclosures which the author reveals to us. For our own parts, we had always ignorantly dreamed that the investigation of the graveyard question originated in a desire to protect the public health. Not at all, says our oracle; the public health never was injured; dead bodies do no harm, crowd them how you please, and the wretched witnesses who affirmed it were "cozened" by Mr. Walker. The public health is a mere pretence; the real motive lies far deeper. This churchyard agitation is only part of a plot,—of an insidious, deep-laid, widely spread conspiracy;—for what, will our readers say? Why, to uproot civil and religious liberty, to domineer over men's consciences, to crush dissent, and to introduce Puseyism, Popery, and, we suppose, the Inquisition also! Hence, cries our author, "Dissenters of England! awake to your danger!" "Rise and do your duty to yourselves, your children, and to generations yet unborn!" Fight in defence of the sacred rites of sepulture in London cellars!

But the author's wrath falls principally on the devoted head of Mr. Walker; and for two good reasons, one being his exposure of a most noisome place of sepulture in Clement's-lane, called Enon Chapel, the other his assertion that persons who speculate in building a dissenting chapel expect to make more profit by the dead than by the living.

Now, with respect to Enon Chapel, under which this most scrupulous person admits that "*only* 3503" persons were buried in seven years, being about 500 per annum, or 9 every week, we were induced some time since, by the very incredible horrors of Mr. Walker's description, to make a personal inspection of the spot. Nothing could be more accurate than the account which that gentleman gave of it. It is a chapel (now used as a school-room), situated in a densely populated neighbourhood, and presenting an area of about 60 feet by 30. Under the chapel, and separated from it by no vaulting or ceiling, but only

* Health of Towns: an Examination of the Report and Evidence of the Select Committee, &c. &c. London, 1843.

by the mere flooring, is a vault or cellar, into which we descended to witness the most indecent and disgusting scene that can be imagined. The floor on which we walked was formed by a stratum of coffins, thickly covered with dust, in which we could not take a step without displacing human bones. At the end and sides of this golgotha immense numbers of coffins of all sizes were piled up in the greatest confusion, upside down, upright, and in every posture; most of them were empty, and many of them had evidently been broken into purposely. Yet this place, in which the remains of persons who had paid for decent interment were thus treated, and in which confessedly nine bodies every week were deposited to putrefy, unless devoured by rats, or turned out and destroyed by lime, finds an apologist who appeals to religious principles in its defence!

With respect to the other part of the attack on Mr. Walker, the inconsistent writer himself admits the fact alleged; he instances the case of a dissenting chapel, lately built, with vaults "constructed on the best principles," and capable of holding thousands of bodies, which would be a serious loss to the proprietors if burials were interdicted; and he shows that many of these places would never have been built at all had it not been for the prospect of the revenue arising from interments. This, then, is the real cause of all the affected zeal for rights of conscience and religious liberty. But we sincerely hope that the interested clamors of these people may not retard the adoption of a sanitary measure so necessary as the prohibition of intra-mural burial. If they choose to sink their money in a speculation which, they must be well aware, cannot be successful without detriment to the public health, they well deserve to suffer for it.

We have been informed that the evidence of Mr. Samuel Caldwell Hassall, chemist and druggist, as reported in the Kidderminster paper, from which we took our account of the recent inquest on a child poisoned by an over-dose of Godfrey's cordial, is incorrectly stated. Mr. Hassall, it seems, was not a sworn witness, but, in answer to some questions put to him, made the following statements:—"That twenty druggists in a town may have twenty different receipts; accordingly, each may be of a different strength as to the narcotic, and the dose would be regulated in proportion to the age of the child, as the 'cordial' was not recognised by either of the pharmacopœias. That all respectable druggists invariably made it a rule to label or write on the principal of the articles they sent out."

It cannot fail to be observed that the admission here made by Mr. Hassall, who is, we are given to understand, a most respectable man, and every way worthy of credit, with regard to the preparation of Godfrey's cordial and similar empirical nostrums, only the more strongly shows the necessity for some legislative enactment, by which the administration and sale of drugs may be placed under appropriate regulations. We are happy to take this opportunity of acknowledging that the remarks which we made on Mr. Hassall's evidence, and which were made on the supposition of the correctness of the report in the Kidderminster paper, are not borne out by the amended version of this evidence supplied by Mr. Hassall himself. We would willingly avoid hurting the feelings of any respectable man, and regret that we were led into error by what appears to be an imperfect and unfaithful report of the inquest.

REVIEWS.

Two Essays on the Diseases of the Spine. I. On Angular Curvature of the Spine and its Treatment. II. On the Treatment of Lateral Curvature by Gravitation, Lateral Exercise, &c. By R. A. STAFFORD, Fellow of the Royal College of Surgeons of England, &c. London: Longmans, 1844. pp. 92.

The work before us consists of the Jacksonian Prize Essay of the Royal College of Surgeons, "with considerable alterations, corrections, and additions." In the first essay we cannot discover much more than a clear, judicious statement of those principles and plans of treatment which are common to the whole profession. In the second essay, the author says he has offered an "original plan of treatment—a method which at once takes these cases out of the hands of the charlatan and pretender, and places them in the power of the profession at large." That this is a desirable object we readily admit; but we believe that it is principally through the indolence or neglect of the practitioner that these, as well as certain other diseases of special organs, have passed out of their cognizance, and become rich harvest-fields for advertising quacks.

The means which Mr. Stafford employs to counteract the lateral curvature, in addition to various other simple exercises intended to obviate each particular source of distortion, consist of two exercising machines, one for bringing the muscles of the weaker side into employment, and the other for straightening the spine by gravitation. The former consists of a semicircular machine, made of wood, and exactly resembling the bottom of a rocking-horse. To each end of the machine the ends of a rope are attached, which passes over two pulleys, fixed in the ceiling; the patient stands upon this machine, taking hold of the rope by each hand, and rocking herself from side to side.

The other machine, which Mr. Stafford terms the *spine elongator*, "consists of a stand, from which arises perpendicularly an upright. This upright divides in the centre; consequently it is made of two parts, an

upper and a lower part; the upper can be wound up as high as you please from the lower part, by a winder contained in the latter. The upper part has attached to it arms to receive the axillæ, straps to cross round the body, a strap to receive the head and chin, and a bar going across the top, from which a rope hangs on each side, with handles attached to it to allow the patient to relieve herself when tired during the suspension."

When the patient is placed in this machine, the upper part is raised till the feet are just taken from the ground, and the spine is elongated and straightened by the weight of the body. Sometimes bags of shots may be suspended to the hips, in order to add to the weight.

In the treatment of stooping, Mr. Stafford recommends a weight to be suspended from the shoulders in the same manner as a drum is carried. He observes that the person who carries the great drum is invariably the straightest man in a regiment of soldiers. Another very good exercise, he says, would be to make the patient play the cymbals; he would thus be forced to extend his arms in the air, and look upwards, by which the head and trunk would be thrown backwards, whilst the muscles at the shoulders would be in constant action. To show the utility of this exercise, he refers to the two blacks who used to play this instrument at the rotunda in Vauxhall; it would be almost impossible to point out two men who carry themselves so uprightly.

QUALIFICATION OF UNION MEDICAL OFFICERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As some of your correspondents have stated that union medical officers are required to produce a license to practise medicine, surgery, and *pharmacy*, in order to enable them to be appointed to the honorable post of "parish doctor," I beg leave to transmit the following opinion on the law of the subject.

I am, Gentlemen,
Your obedient servant,
X.

Poor-law Commission-office,
Aug. 31, 1843.

Sir,—In consequence of a communication made to them by her Majesty's principal Secretary of State for the Home Department, the poor-law commissioners have consulted the Attorney-General and other counsel on the competency of medical practitioners possessing Scotch and Irish qualifications to act as officers in a union or parish under the Poor-law Amendment Act.

The effect of this opinion is as follows:—

1. That persons having a surgical diploma or degree, from a royal college or university in Scotland or Ireland, are *legally* as *competent* to be *medical* officers, under the Poor-law Amendment Act, as persons having the diploma of the Royal College of Surgeons in London.

2. That persons having only Scotch and Irish medical qualifications are not, as such, competent to practise pharmacy in England and Wales.

The commissioners think they are, by this opinion, justified in admitting persons, having a *surgical diploma* or *degree* from a royal college or university in Scotland or Ireland, to the same rights, under the Poor-law Amendment Act, as members of the Royal College of Surgeons of London.

The commissioners will, therefore, be prepared to consent to such arrangements, and to make such modifications in their general order of the 12th of March, 1842, as may be necessary to give effect to the above recited opinion of the Attorney-General.

I am, Sir,
Your very obedient servant,
E. Chadwick, Sec.

Mr. ————.

MEDICAL REFORM.

On Tuesday last Sir Valentine Blake proposed the following questions to Sir James Graham in the House of Commons:—

1. Is it your intention to introduce a clause or clauses into your bill for regulating the medical colleges and the medical degrees of universities, by which it will be enacted, that henceforth the College of Physicians in London will be enabled to prevent any physician from practising in any part of England unless he be possessed of the license of the College of Physicians in London?

2. If this power be given by the bill to the College of Physicians, is it intended that medical graduates of Edinburgh and of Dublin Universities, at present practising in England, shall be admitted licentiates of the College in London without examination on the payment of a small fee, say £5, the additional stamp duty being altogether remitted?

3. Is it your intention to modify the charter lately granted to the College of Surgeons of London, so as to allow prescribing surgeons who practise midwifery to be eligible for the fellowship; and also to allow a surgeon apothecary to become immediately eligible on abandoning the business of an apothecary?

The answers of Sir James Graham were not very explanatory. With reference to the two first questions, he stated that his intention was not to make any new restrictions on medical practitioners, but to relax those already existing. He had no idea of modifying the charter of the College of Surgeons, so as to make accoucheurs eligible for the fellowship. Sir James further stated that he would bring in his bill before or immediately after Easter.

We are glad to perceive that independent members, like Sir Valentine Blake, &c., are beginning to evince an interest in the question of medical reform. The profession is much indebted to them for the efforts which they have made in our behalf.

POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—If the committee moved for by Lord Ashley is now formed, I think it would favor many of your readers materially if you would give the names of those gentlemen forming it, and, if allowable, report progress occasionally. The committee, formed, I believe, for this especial point by our Association, surely should also arouse from its apparent lethargy at this important crisis. An Association like ours has it absolutely in its power, if cautiously and energetically conducted, to dictate its own terms, and, if its respectability and independence is wantonly abused, is not justified in standing idle or apathetic for a moment.

The question of poor-law medical relief affects a vast body of practitioners; and I cannot but hope most earnestly that the matter will not be let rest till medical men are placed on a more substantial and recognisable footing than at present, or, at the very least, until they are rendered somewhat less open to the low-minded malevolence of relieving officers, whose power to injure and annoy us is far beyond what should be entrusted to such a class of men. The grasping and dishonest spirit of one of them, as forcibly shown by "Philo," in your Journal of the 24th ultimo, I believe exists far more generally than is supposed; and I can bear evidence to vastly increased trouble and vexation occurring to me, probably from the same motives, but ostensibly because the worthy relieving officer of my district chooses to consider me not sufficiently humble and attentive to him; although, to confess the truth, knowing the danger of offending these men, I made a point of submitting quietly—more than strictly becomes a medical man—to a deal of rude and overbearing dictation. But all would not do. Either I do not "come out" as I should do, or from some other cause still a mystery to me, it has pleased him to declare war; and I foresee, if matters continue as at present, my office will be made so harassing and repulsive as to oblige me to resign. Indeed, I have heard that he has said he will "have him out." The guardians, not knowing, or affecting to disbelieve his real motives (for of course he confesses to none but the worthiest), consider him incited in his numerous complaints and sly inuendos against me solely by the purest motives, such as kind-hearted affection for the poor, and great regard for the welfare of the union!

Trusting to your kindness, if you think proper to insert this as early as possible,

I am, Gentleman,

Your very obedient servant,

Judex.

Birmingham, March 4, 1844.

PRESERVATION OF BODIES.

M. Pigné, conservator of the Dupuytren Museum, states that the dead body, or any portion of it, may be perfectly preserved in a fluid containing ten drops of creasote to the pint of water. The muscles and other tissues retain their natural flexibility and color. Pathological preparations, also, are preserved by it in the most perfect manner; and it has furthermore the advantage of enabling us to preserve the blood globules, and various accidental productions which are destroyed by the ordinary modes of preparation.

RETROSPECT OF THE MEDICAL SCIENCES.

ON THE EXCISION OF THE SUPERFICIAL LAYERS OF THE OPAKE CORNEA, AS A METHOD OF RESTORING VISION. BY ROBERT HAMILTON, M.D., F.R.S.E.

Dr. Gulz, lately *chef de clinique*, and assistant to Professor Von Rosas at the great Ophthalmic Hospital in Vienna, has lately succeeded in restoring vision to one of those unfortunate indviduals who had become blind from extensive opacity of the cornea, by excising the opaque anterior portion, leaving only the posterior normal part, which healed without losing its transparency, and left permanently a clear aperture available for all the purposes of useful vision. This success to an almost unlooked-for extent, together with very decided relief in some other cases, has led him to anticipate a like result in similar instances; and has induced him to support the thesis, that there are cases in which excision of the opaque cornea will be effectual in restoring permanent vision to the blind. This important proposition in ophthalmology, together with a brief narration of the cases just referred to, will form the subject-matter of the following memoir.

It is of primary importance that the *precise nature of the cases to which the proposed method is applicable* be clearly understood, as otherwise mistakes and injuries will be the necessary consequence.

In these cases, then, as in the somewhat allied class belonging to the head of artificial pupil, it is absolutely necessary that the *sentient portions of the eye be in their normal condition*, and that the defect of vision arise solely from some obstruction of a mechanical nature interfering with the admission of the rays of light. The morbid conditions inducing such obstacles need not here be enumerated; but in all, though the obstacle to distinct vision be complete, yet the perception of light must never be destroyed; and the practical surgeon will seldom or never have any difficulty in discovering that the nervous parts of the organ still preserve their integrity.

Again, and to be somewhat more particular, there must be no anterior synechia, nor any closure of the pupil. No words are necessary to enforce this proposition. Were the cornea rendered ever so clear, both the abnormal states here specified would form insuperable obstacles to vision; and we are not yet in a position to advise that the operation on the cornea should be attempted, in the hope that a second one for artificial pupil might restore the sight. The existence of *staphyloma*, we may add, must always diminish the prospect of success. With the majority of oculists, we hold that in staphyloma the iris is usually involved, adhering to the remaining cornea, or to the cicatrix-tissue which supplies its place. Notwithstanding this unfavorable state of matters, it is interesting to know that some such cases have been noticed in which very tolerable vision has been retained. Two instances of

this kind will be brought under review in the sequel, so that even in these cases all hope must not be abandoned; hence then, the appropriate cases for the method about to be detailed are reduced to those affections of the cornea which are classed as *simple opacities*. And even here it is necessary to discriminate. The obscurity of the cornea arising from the thickening of its conjunctival covering, which constitutes the proper pannus of oculists, and the slighter varieties of opacity, whether of general cloudiness or of local film, and even the more obstinate forms of albugo and leucoma, must be treated upon other principles; and hence the fitting cases for this operation come to be those in which there is a very considerable obscuration of the cornea proper, covering the whole surface of the membrane, but not extending throughout its entire thickness, without synechia, and with the integrity of the sentient apparatus.

And such cases are unfortunately too common. They are found in strumous subjects as the result of that obstinate disease known as the vascular albugo of oculists; also, of Egyptian and other virulent purulent ophthalmiæ; likewise, in cases of severe corneitis, with effusion of blood and lymph between the layers, and, not to dilate more, in certain of those cases of violent inflammation, induced by the introduction of lime and such matters, which by their chemical action, almost immediately destroy the superficial layers of the membrane, and penetrate to a certain but limited extent. The result of accidents and diseases such as these is to induce a state of the cornea, in which useful vision is lost, and where all attempts at relief are usually abandoned in despair.

Certainly it is not a little vexatious to the surgeon to know, that in all these cases the more noble and important parts of the organ are still entire, and that a mere chink or aperture is all that is desiderated for satisfactory vision. It is this condition of the parts which has led the first oculists of their time so much to tax their ingenuity and skill in endeavouring to overcome the apparently trifling obstacle;—that led the University of Munich to offer an honorary prize to the individual who would indicate how the difficulty might be overcome;—that has led such men as the elder Autenrieth, Beer, Ammon, Henle, and Guthrie, in cases of opaque cornea, and of staphyloma, themselves to undertake, and to recommend to others, the operation of *sclerectomia*,—the operation of simply removing a minute portion of the sclerotica and choroid, near the corneal margin, so hoping for a vicarious or artificial pupil;—or the modification proposed by the celebrated Wutzer, of Bonn, of substituting, in the same spot, after the Talicotian method, a portion of the transparent cornea instead of the natural and opaque membranes;—that has moreover led Febure, and more recently Dieffenbach, to advise, and, it is stated, successfully to execute the complete excision of the central opacity of the cornea, and to unite the lips of the wound thus made by sutures;—and finally, that has led Reisinger, and more lately Dr. Biggar of Dublin, to propose, and in the lower animals, to execute with success the removal of the opaque cornea, substituting a transparent one in its place, and so restoring useful vison. All these anxious and persevering efforts of ingenuity and skill must, we fear, be conceded to have failed; and hence the proposal before us will readily be received with a larger share of favor and consideration.

The history of this proposal we believe is as follows:—

The ophthalmologists of Vienna were not, of course, ignorant of the state of the science regarding the class of cases on which we have been dwelling, and particularly respecting the forms of simple opake cornea, and the methods which have been proposed for remedying the distressing complaint. Meditating upon the perculiar texture and organisation of the cornea, and upon that variety of the disease we have indicated above, it had long been the opinion of Professor Von Rosas, that the diseased part of the cornea might be sliced away, so leaving a clear portion beneath; and, moreover, that this operation might so be managed that the resulting increased action would not produce a new film, but leave the parts in a translucent or transparent state.

This speculation was converted into a kind of certainty, by there appearing at the Clinical School, in the year 1833, a man in whom the left eye was atrophied, and whose right exhibited a complete obscuration of the cornea, with the exception of a small portion in its centre about the size of the natural pupil, which was clear, and which served all the useful purposes of vision. Here the unaided powers of the constitution had wrought an excellent cure; and art was as it were challenged to accomplish that which nature had so well effected.

Accordingly in the Ophthalmic Clinic of the session 1833-4 Professor Rosas undertook the performance of this operation in two cases. In the former, he may have been said to have removed by far the greatest number of the layers of the cornea, and the trial was not unsatisfactory, inasmuch as the patient was quite cured of his wound, and left the hospital with very decided improvement of sight. The subsequent history of this case, however, was unfortunate. It was ultimately ascertained that after leaving Vienna, fresh inflammation attacked the eye, and the advantage which had been gained was completely lost. In the latter, the external and opake layers of the cornea only were removed; the remaining part was found in its normal state, the healing process advanced to its close without any opacity being superinduced, and a cure was effected by means of a clear membrane. Six months afterwards it was ascertained from good medical authority, that the patient continued to see as well then as he did upon leaving the hospital. In both these cases, the greatest care was taken after the operation to regulate the re-action which necessarily followed, by the antiphlogistic regimen, and by cooling local remedies.

In subsequent years the operation was occasionally performed with mingled, rather than with marked success; but with a sufficient measure of it to encourage still farther trials.

The next event in the history of the proposal to which we have to direct attention is a case which presented itself in the Ophthalmic Clinic of Vienna in the session 1841-2, and which fell under the immediate care of Dr. Gulz. In this instance, there was a cure effected in both eyes; in the one, which was in a staphylomatous state, by nature; in the other, by the hand of the surgeon: and so far as our knowledge extends, this is the most detailed and remark-

able instance of the success of the method which has hitherto occurred.

Salomon Maschkowits, Oct. 28, from Hungary, a tailor by trade, of leucophlegmatic temperament, and having about him the traces of struma, two years previously was attacked, in his native country, with purulent ophthalmia, after being in frequent and close communication with a fellow-workman laboring under the disease. For the cure of this complaint he resorted to an hospital, from which, after a treatment of eighteen weeks, he was dismissed, with no greater power of vision than that of distinguishing between light and darkness. After dismissal, as might be expected, there was no improvement, but the reverse. The left eye gradually augmented in size; the corneal portion at the same time projected more and more, and the blindness continued as bad as ever. These symptoms advanced for about a month, when, one morning upon awaking, the patient, to his great joy, observed that he could perceive objects with his left eye, though it was more than ordinarily tender and painful. From all that could be learned, and from a careful examination, it appeared that the ophthalmia had produced spherical staphyloma in this eye, which ran its usual course, getting larger and larger till at length it had burst, after which the cicatrisation had finally stopped at that stage in which there was the formation of a transparent membrane, a termination not more fortunate than rare. At all events, upon his presenting himself at the Vienna Clinic, this eye was found with the remains of a genuine staphyloma, the most projecting portion of which was smooth, as if it had been shorn with a plane, also transparent and shining, to the extent of half a line; so permitting the passage of light to such an amount that the patient could readily distinguish larger objects and colors; and clearly demonstrating that there are circumstances in which, even after the rupture of a protruded cornea, with adhesion of the iris, a clear and useful aperture might still be left.

The disease in the right eye had run a different course. The external layers of the cornea had been more or less inflamed, ulcerated, and destroyed, and the healing powers of nature had operated by substituting in their place a substance, whitish and opake, over the whole surface of the cornea. On the patient's presenting himself at the hospital, granulations were found in the palpebral conjunctivæ of both eye-lids, and the right cornea was somewhat flattened; in all its extent obscured by a cicatrix, the result of the previous ulceration, whilst at the same time, the organ readily discriminated between light and darkness. It was thought, or at all events hoped, that the obscuration and ulceration of texture in this instance did not extend throughout the whole depth of the membrane; and the case was deemed a fair one for attempting what could be accomplished by the slicing off of the opake portion of the cornea and leaving the transparent part as little injured as possible.

As preliminary to anything in the shape of operation, the removal of the granular state of the palpebral conjunctivæ, with the consequent inflammation, was first essayed, and accomplished without difficulty.

The operation was performed by Dr. Gulz, under the direction of M. Von Rosas, in the following manner: — the instruments employed being the cataract knife, with a double cutting edge of Rosas, and the pyramidal knife of Beer, together with a small toothed forceps, and a delicate pair of scissors. The eye-lids of the patient were conveniently fixed by the fingers of an assistant, and the cutting consisted in the continuous and repeated introduction of the knife, following the motion of the eye-ball through the external layers, so gradually approximating the internal parts of the cornea. The manœuvre required to be repeatedly and adroitly performed, until the transparent part of the cornea was at length reached; it was then, by the help of the different instruments, bared to the extent of a line and a half in diameter, the innermost layers of the cornea being fortunately uninjured throughout, and consequently the anterior chamber of the aqueous humor remaining unopened. The operation occupied about a quarter of an hour in its performance; and after its completion, the vision was improved to such an extent that the patient could perceive different shades of colors, and the smallest objects, such as the hands of a watch, with facility.

The subsequent treatment consisted in the application of plasters over the eye-lids, so preventing their motion; these again were covered with cold and ice-water, to moderate every thing like excess of action; the patient was placed in a dark room, and the strictest regimen was enjoined. All appeared to progress favorably, and no alteration was made during the first eight days. At the end of that time the plasters were removed, and a collyrium, first of a solution of hydriodate of potash (one grain to the ounce), and subsequently of the solution of muriate of ammonia, was used.

All went on most promisingly for the first four weeks; after which the eye was attacked with ophthalmia, the result probably of cold, or some irregularity in diet. The inflammation invaded the iris as well as the cornea; and to such a degree, that the thinned cornea was pushed forward, forming a keratocele, to such an extent that the bursting of the membrane was seriously apprehended. By venesection, however, leeching, and the application of solution of alum and ice, and by the use of calomel internally, the danger was arrested and the attack subdued. In a few days the vision, to the great joy of all parties, was found uninjured; and after the additional period of five months, it continued to exhibit the same degree of perfection which was enjoyed previous to the inflammatory attack.

The patient, as may be expected, is near-sighted, requiring to hold objects near to the eye, and to place them in a good light. This is readily explicable, from the greater convexity of the cornea, the small size of the pupil, and from the fact that the new made aperture is somewhat more distant from the retina. Glasses could effect much in these circumstances; but even without them, the amount of vision is most satisfactory, and to the patient invaluable.

On examination, the white and opake portion of the cornea near its centre is found removed, whilst the internal transparent part preserves its natural appearance. In this way, much of the old deformity is removed; so that in addition to the more substan-

tial benefit of good sight, the general appearance of the patient is much improved.

Concerning this operation and its fortunate results, nothing is further from Dr. Gulz's mind, than the assumption of any supposed merit arising from the dexterity of its execution, or the superior wisdom with which the after treatment was conducted. That it requires considerable dexterity and steadiness of hand is undoubtedly true, and not less, great attention and care in the after treatment. The claims of the case to consideration, rest mainly perhaps on its comparative novelty and rarity, and especially on its unexpected success, whereby the utility of the art may be extended, and not a few miserable sufferers restored to comparative enjoyment and comfort.

On the *rationale* of the success in this, and the few other similar cases here recorded, it is unnecessary to dwell. It is clear that the opake cornea, which is the subject of operation, is far from being in its normal condition; and even when the lower and transparent portion is reached, it is surrounded with an opake areola very different from the healthy cornea. As throwing additional light on this important point, we quote a case which occurred in the extensive experience of the late Mr. Tyrrell. A man, aged thirty-seven, applied to the Moorsfield Hospital, having acute purulent ophthalmia of the right eye, with commencing disease in the left. Severe depletory measures were adopted, but in forty-eight hours afterwards sloughing had commenced in the right cornea, and there was chemosis of the left, with haziness of the upper part of the cornea. Further depletion, and other remedies, were had recourse to, and the inflammation was subdued, but not before a part of both corneæ had lost its vitality. The separation of the sloughs left deep ulcers of a crescentic figure at their upper margins, which in the right communicated with the anterior chamber, producing prolapsus of the iris, which was reduced by belladonna. The reparative process was excited by the use of local stimuli and improved diet; and instead of the useful deposit of opake matter, the cavities were gradually filled up with a perfectly transparent substance, resembling very much the original texture. Two years afterwards, the man returned to the hospital, at which time some very slight irregularity of the surface alone indicated the previous seat of the disease. The opake and normal condition of the cornea, therefore, though from circumstances a common, is not at all a necessary preliminary of the cure; and the conclusion, as it regards both the more chronic and the acute cases, is evidently this, that what nature can do, art should attempt to imitate.

From our present very limited experience, it is not easy to draw any very decided conclusion as to the amount of benefit likely to accrue from the practice now proposed. That our art, in cases of severe and chronic cases of opacity of the cornea, is considered ineffective and powerless, by the great majority of authors and practitioners, is beyond a doubt. Beer and Walther, high continental authorities, contended, we believe, that all prospect of success in such cases was chimerical,—a proposition whose accuracy, however, was contested by Scarpa and Von Ammon. British surgeons, as will readily appear from a reference to their works, are almost unanimous in expressing their conviction that benefit in such cases from any remedial means now employed is not to be expected. We shall exhibit these sentiments in a couple of sentences recently written by two of our most respectable authorities. Ulcer of the cornea, extending at all deeply, is followed by some degree of opacity, which can never be completely removed at that part where a considerable number of the corneal layers have been destroyed. And again, It is useless to attempt, by medical or surgical means, the removal of these dense opacities. Such opinions, though weighty, are fortunately not conclusive, else there would have been long ere this time an arrest to all progress in the healing art. Sound judgment and discretion must here guide and direct on the one side as on the other. That such cases and proposals as those above detailed, should be received with much careful scrutiny, we not only allow, but would enforce. That, on the other hand, they should be met with blind prejudice and impatience, we are equally prepared to deprecate and condemn. We cannot probably better convey our own sentiments on the point, than in the remarks with which Dr. Gulz concludes his account published in June 1842. By the foregoing case, says this able oculist, the possibility of obtaining a clear aperture in the middle of a generally opake cornea by surgical operation, and in certain cases of staphyloma, which may be styled kerectomia, is placed beyond a doubt. And that this will frequently prove of incalculable value to unfortunate sufferers, can as little be matter of dispute. Such cases, usually abandoned to their sad lot, are not very uncommon in society, and too often, in the long run, find their way to the poor-house or some blind asylum. They will, moreover, ever be recurring to our notice, so long as the cornea is exposed to so many accidents from without,—is so often the subject of purulent ophthalmia, and the still more frequent ravages of disorders of scrofulous origin. The suggestions here offered, and the operation accomplished, are as yet only on their trial; I cannot, however, but entertain the hope, that from the wonted energy and combined efforts of those who are favorably situated for investigating these subjects, they will ere long assume an honorable position among the remedial agents for the management and cure of ophthalmic disorders.—*Lond. and Edin. Monthly Journ. of Med. Sci.*, March, 1844.

ULCERS OF THE LEG.

M. Conte has published, in the *Archives Générales*, some cases of old ulcers of the leg, which he has treated successfully in a very simple manner. He covers the ulcer with a thin piece of India rubber, supported by strips of sticking plaster; at each dressing the sore is carefully cleansed with tepid water, and the layer of India rubber changed.

QUEEN'S COLLEGE, BIRMINGHAM.

We have the pleasure to announce that the Rev. Dr. Warneford has presented to the Queen's College, at Birmingham, through William Sands Cox, Esq., the munificent donation of £500 towards the erection of a collegiate chapel, "with his most fervent prayer

that the Almighty may prosper and bless the Queen's College and the Queen's College Hospital, institutions founded on sound Christian principles."

The following rules for the students in college have been laid down by the resident warden, the Rev. J. Woolley, M.A., Fellow and late Dean of Emmanual College, Cambridge, and confirmed by the vice-principal, the Rev. Chancellor Law :—

1. Students are expected to wear their academical dress whenever they appear in hall or at lecture, or without the college walls.

2. Students are required to attend the daily prayers of the college, and the warden's religious instructions.

3. Students must not be absent from the college after ten o'clock at night.

4. Students shall not absent themselves from college for any night during their residence, without the warden's express permission.

5. Students are expected to appear in hall at seven o'clock in the morning.

6. Students are expected to attend divine service at the Queen's Hospital on Sundays.

The students' rooms are rapidly progressing towards completion, and several students are now in residence.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

February, 1844.

Mean of External Thermometer at 9, a.m.	41·01
,, ,, ,, at 9, p.m.	38·93
Maxima	45·02
Minima	34·63
Mean daily Range	10·70
Extreme Highest on the 24th	52·75
,, Lowest on the 23rd	26·50
,, Range	25·25
Mean Dew Point at 9, a.m.	37·21
,, ,, at 9, p.m.	34·60
Mean of Barometer at 9, a.m.	29·661
,, ,, at 9, p.m.	29·994
Extreme Highest on the 16th	30·250
,, Lowest on the 26th	28·800
,, Range	1·250
Number of Days Fine	11
,, ,, Variable	7
,, ,, Snow and Sleet	4
,, ,, on which any Rain fell	17
Quantity of Rain in Inches	3·73
Temperature of Spring Water	49·25

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
5	1	1	—	5	5	4	8

GAZETTE MEDICALE DE PARIS.

We have again occasion to beg that M. Guerin will restrain the persons employed at his office from placing "prospectus," &c., between the leaves of the "Gazette Médicale," when forwarded by post. M. Guerin can hardly be ignorant that such practices are not permitted by any post-office.

DEATH OF SIR HENRY HALFORD.

The President of the College of Physicians expired at his house in Curzon-street on Saturday evening, the 9th instant, never having completely rallied from a severe attack of influenza in the autumn. He held the presidency of the College of Physicians since 1820, and was in the seventy-eighth year of his age.

THE AMERICAN DWARF.

We have seen this curious little specimen of humanity, who, at the age of twelve, has only attained the height of twenty-five inches, and the weight of fifteen pounds. He appears to have remained stationary in size from the time that he was six months old; his limbs are perfectly well formed, and he has cut his permanent incisive and canine teeth, but retains the molars of the milk set. His mental faculties seem to be influenced in part only by the arrest of bodily development. In his gestures he displays all the restlessness of a very young child, whilst his intelligence and most amusing mimickry and *bonhommie* indicate evidently a more advanced age.

LORD ASHLEY'S SELECT COMMITTEE.

The following are the names of the gentlemen on this committee:—Lord Ashley, Mr. Brotherton, Mr. Bell, Colonel Fox, Mr. Pakington, Mr. Hawes, Mr. Stuart Wortley, Mr. Owen Stanley, Lord John Manners, Mr. Warburton, Lord Robert Grosvenor, Mr. Gally Knight, Mr. Lascelles, Mr. Manners Sutton, and Mr. Bramston.

BOOKS RECEIVED.

The Results of the Great Operations of Surgery during a Practice of Twenty-two Years; showing a high rate of success at the Liverpool Infirmary, &c. &c. By John P. Halton, Fellow of the Royal College of Surgeons of England, and Surgeon to the Liverpool Infirmary. Liverpool, 1843. 8vo. pp. 34.

Reply from the Surgeons of the Liverpool Northern Hospital to a Pamphlet, published by J. P. Halton, one of the Surgeons of the Liverpool Infirmary. Revised Edition. London, 1844. 8vo. pp. 42.

TO CORRESPONDENTS.

*** *It is requested that letters and communications may be addressed to Dr. Hennis Green*, 58, *Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.*

If *A Member*, who writes on medical reform and poor-law qualifications, will take the trouble of consulting our notices to correspondents, in the last number of this Journal, he will find the receipt of his communication acknowledged. His meditations on medical reform were, probably, not thought orthodox. We cannot take on us to say, at this distance of time, the precise use to which they were applied.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 182.] LONDON, SATURDAY, MARCH 23, 1844. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL NOTES AND COMMENTARIES.

By Dr. Martin H. Lynch,
Physician to the Magdalen Asylum of the Sœurs de Charité du Bon Pasteur, near London.

TREATMENT OF HEMIPLEGIA BY GALVANISM.

Thomas P——n, aged forty-six, glass-blower, for a long time, however, an inmate of St. Nicholas' Workhouse, Newcastle, came under my care on the 21st of June, 1838, for the relief of hemiplegia of three years' standing, having been recently submitted, but without benefit, to the most judicious treatment ordinarily pursued in such cases, by Sir J. Fife, who considered him a very favorable subject for the trial of galvanism.

June 21. The patient is a man of middle stature, and rather robust frame; his appetite is good; his digestion more natural than is usual in the disease; bowels frequently require purgatives; intellectual faculties undisturbed and active; complete loss of sensation on the left side of the body; almost complete loss of motion on the same side; cannot tie his shoe or neckcloth; cannot use a fork, or in any way employ his left hand; he walks, or rather crawls along, leaning on two strong sticks, and sweeping his left leg forward in a semicircle; it appears that the only muscles that have in some measure resumed their power are those which, attached to the trunk, perform this semicircular movement; the muscles of the arm that correspond to these have also for some time recovered a certain degree of voluntary power, but the palsy of the left upper extremity is otherwise as complete as that of the lower; mouth drawn to right ear; a feeling of constriction on left side of the head; some dimness of vision.

The palsy came on three years ago, being preceded by nausea, vomiting, dizziness, and temporary suspension of consciousness. Three months after the seizure a slight improvement was noticed, but since that period the palsy has not diminished.

Bowels to be maintained open. A seton to be inserted in the nape of the neck, and galvanism to be daily administered for more than half an hour.

Aug. 4. The seton was inserted on the 21st of June; the galvanism has been daily administered, and the bowels have been kept open; he says the dimness of vision is much diminished, but in other respects he has not improved.

9. Galvanism has been daily employed; on the 6th, during its administration, he joyfully exclaimed that he felt an intense tickling in his hand, caused by a fly walking upon it; since then he has improved with unexpected rapidity; he has already recovered the sense of touch almost perfectly; the power of voluntary motion is gradually returning, but not by any means so rapidly as the power of feeling; the same number of plates, which a few days ago produced strong subsultus from muscular contraction, now only cause a tingling in the skin and along the course of the nerves, without muscular action. The galvanism has hitherto been directed through the upper extremity only.

Galvanism to be directed through the lower extremity.

Sept. 2. The galvanism has been daily sent through lower extremities, to which sensation and voluntary motion have returned; the return of sensation noticed first; he has been practising all kinds of movements with the view of strengthening his muscles. He can now tie his neckcloth and shoes, and walk firmly and quickly, but with a halt, like a man with shortening of the limb from fracture.

This poor man having received (through the benevolent exertions of Mr. Walker, then curate of St. Andrew's) a small sum of money, contributed by a few charitable individuals, was enabled to leave the poorhouse, and for some time carried on the business of a hawker, selling various articles to the seamen of the Tyne, daily walking several miles and frequently crossing into vessels by planks laid from the quay or shore.

I had forbidden his returning to his former occupation, which I thought would bring on a fresh attack.

I heard of him a year ago, when he was nearly in the same state, which was no more than I expected, as he occasionally drinks freely; the muscular power is much diminished in very cold weather and during the operation of a drastic purgative; but this occurs in all cases in which recovery is not complete, and indeed in some of the cases in which sensation and voluntary motion have been quite restored.

REMARKS.

Galvanism has seldom been employed in the treatment of disease except in large cities, where its administration has been too generally entrusted to persons possessed of little medical knowledge, who strictly observe a quackish secrecy; hence, although it is frequently prescribed by some eminent physicians and surgeons, the profession are but imperfectly acquainted with the practical details to which attention must be sedulously given, in order that this powerful agent may be at once a safe and efficient remedy.

The first point to which a perusal of the preceding case directs attention, is the determination of the order in which galvanism should be administered in reference to the usual remedies. Patients having chanced to hear of its wonderful effect in certain cases, earnestly urge upon the medical practitioner its immediate employment. Now, according to my experience, galvanism, if it be cautiously and judiciously applied, is a safe remedy, not only in cases of paralysis from cold, lead, or hysteria, but also in that which follows apoplectic seizures. But it is not an ordinary remedial agent; it has been often and rashly wielded by empirics, and its effects are not as yet fully known, even to the most accomplished physi-

cians; I, therefore, consider it proper to try previously the more ordinary means, namely, in the first instance setons or issues, a mild mercurial course, hot douches shot from a considerable height, *not* upon the head, spine, or trunk, but upon the extremities alone, stinging with nettles, &c. &c.; and, secondly, if these means fail to give relief, strychnine.

In my opinion galvanism, properly applied, is quite as safe a remedy as strychnine; indeed, if there be any difference, it is rather in favor of galvanism, the dose of which can be more easily graduated, whilst its influence can be immediately and completely withdrawn, should vascular and nervous excitement render this course desirable.

Before galvanism, is applied it should be ascertained that the pulse is quiet, the skin cool, and the bowels open, naturally or by medicine.

The maximum dose, whether the current be continued or interrupted, should be that generated by thirty-five pair of plates, four inches square, and arranged in a Cruikshank's trough at half an inch distance; or, if other apparatus be used, the equivalent of the battery I have described.

I have contrived a very convenient mode of applying the wires to the body of the patient, so that, whatever part they may be in connexion with, there may not be even for a moment any exposure of the patient's person; this is a matter of some importance, especially in private practice, when it is required in the treatment of amenorrhœa to connect the wires respectively to that part of the spine corresponding to the situation of the renal plexus, and with the pubes or thighs; thus an objection is removed to the use of galvanism, which speedily relieves a disease which, treated by other remedies, is vexatiously tedious.

From the centre of an oblong plate of copper, some inches long by one inch and a half wide, rises perpendicularly to the surface a thick and stiff copper wire, two and a half or three inches long; upon the extremity of this fits a short, sharp, steel needle, by means of a socket, like those of common fishing-rods—I mean those rods which join without screws; the socket is placed in the needle; this part of the apparatus closely resembles Bushe's needle for suture in vaginal laceration.

Two of these plates are required, one for the wire connected with each pole.

The copper plates should be muffled in moistened lint, and the patient should be directed to pass them beneath her dressing gown or other clothes, and press them against the points indicated by the medical attendant, securing them in these situations either by means of a broad tape, perforated in the middle by the perpendicular wire, or by strips of adhesive plaster passed transversely above and below that wire.

The armed point of the perpendicular wire is then carried through the dressing-gown and other clothes, and the steel point unshipped.

The plate, thus attached to the spine or scalp, must be connected with the wire of the battery by means of a little copper cylinder or slide (made to embrace the perpendicular wire and the wire of the battery), and a screw at right angles to its surface, like that which secures the rings of a retort stand.

No slide or screw is necessary for the other plate, as even the patient can always, without inconvenience, by means of a glass handle or tube, keep the wire of the other pole in contact with that of the oblong plate, or interrupt and re-establish the current as frequently as it is prudent to do so.

I have always used Cruikshank's troughs, with plates four inches square; but I have just ordered an electro-magnetic battery of the power adapted to medical purposes. Here I must caution medical men against purchasing electro-magnetic apparatus of dangerously high power;—many sets having this fault are offered for sale expressly for medical galvanism in first-rate shops.

I am not familiar with the electro-magnetic form of apparatus, but knowing that the power may be increased or diminished according as the horizontal fasciculus of wires is pushed in or drawn out, I hope, in using it, to graduate the dose with nearly as much precision as with Cruikshank's battery. I need hardly add, that the electro-magnetic apparatus is much more portable, and requires very much less of the acid solution.

To the electro-magnetic battery is generally added a self-acting contrivance, by means of which the current is interrupted and shocks given with great frequency; but to this I object, as my experience has taught me that it is not prudent to administer the shocks with two much rapidity; I rarely prescribe, during a sitting of half an hour, more than fifty shocks;—at all events, a certain interval should be allowed to intervene between each shock.

In such cases as that of William P——, the galvanism should be occasionally directed through the cerebral convolutions, but never more than four or five times consecutively, and generally much less power should be applied in this situation, lest vascular and nervous excitement should be produced to a disagreeable or dangerous extent.

It is most essential that the plates should be rolled up in moistened lint; a neglect of this rule might be dangerous in asphyxia by the *delay* it would cause in producing a proper effect; and in other cases it may be injurious, by inducing the unwary operator to administer too powerful a shock or too powerful a continued current.

If the plates be not thus muffled, a powerful battery will produce comparatively a trifling effect for a while, until the skin becomes red and the capillaries turgid, when it will act with disagreeable or dangerous energy. Indeed, this increased energy, after the capillaries have become injected and the cutaneous pores distended with moisture, should be borne in mind in operating with a battery of suitable power.

Too much must not be expected from galvanism in this form of paralysis, which is, perhaps, that least likely to be benefitted by galvanic treatment. I have tried it in several cases of this kind, but had no favorable results, except in that just related. Two of these cases certainly were very unfavorable, as there had been in each repeated apoplectic seizures and the paralysis had been of long standing.

Those desirous of further information on this subject will be gratified on consulting Dr. Addison's Memoir in "Guy's Hospital Reports," and Mr. Clarke's paper, published by Dr. Graves in his Clinical Medicine.

14, Suffolk-street, Pall-mall East,
12th March, 1844.

EFFECTS OF CALOMEL—PUERPERAL CONVULSIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have read the case recorded by Mr. Druitt with very great interest, and consider that it conveys an instructive lesson to the young practitioner in teaching him to avoid indiscriminate or excessive doses of calomel, even in so severe and dangerous a disease as puerperal convulsions; and though I quite agree with him in the impropriety of such practice, I believe that another lesson is also taught, that we should not hastily condemn the unsuccessful practice of any one who had most probably followed what he thought the most rational and authoritative mode of procedure, merely because his practice had proved unsuccessful, or because it had been followed by unexpected or painful results.

The dose of mercury given in this unfortunate case was, under the circumstances, rather a moderate one, and not at all likely to produce such a result. I should myself be much more inclined to attribute the ptyalism to a peculiar susceptibility on the part of the patient than to any overdose of the medicine. Practitioners who have been some years in extensive practice will be well aware of this occasional and unexpected result —unexpected, considering the number of cases in which the same dose is given with impunity. Such effects are rare, but not the less mortifying when they do occur.

I have myself seen several cases of this unfortunate and peculiar idiosyncracy, and can bear witness to the alarm and subsequent anxiety which it produces. I recollect very well in the very earliest part of my practice, nearly twenty years ago, one old woman who was quite salivated with five grains of calomel and ten of Dover's powder; and one patient of mine, a fine young man, who was the subject of hydrocele and diseased testicle, who was invariably salivated whenever he took a grain of calomel and one of opium in two succeeding doses.

I should scarcely call the dose mentioned by Mr. Druitt a random dose, but such an one as any careful practitioner might have given under such alarming symptoms. Nevertheless it inculcates a lesson of usefulness, as showing that even what is called a moderate dose may have immoderate effects, which ought not to be lost sight of.

I have had some experience in puerperal convulsions, but have not found it necessary to step beyond the same prudential course I always endeavour to follow, or to give larger doses of calomel than a severe, urgent, and sudden disease requires; and five or six grains, with scammony or jalap, is all I have ever ventured to give.

I think we should often find, were we less officious, that smaller doses would be quite as efficacious as the larger ones, quite equal to producing, with the usual assistants, profuse excretions, and fully competent to do all that that was required of them, and bearing the additional merit of being much more free from dangerous or painful consequences. I believe, also, as far as regards bleeding, we often do too much in cases of this description. I have had some cases where I have only found it necessary on account of attendan circumstances unfavorable to depletion, to apply leeches; and one case of this kind, where no bleeding whatever was resorted to, on account of the previous debility of the patient, which were all as successful and as speedily recovered as if more violent practice had been adopted, and with considerably less risk to the health of the patient afterwards. Cases of this kind prove that the congestion of the brain which attends this disease is not always the result of that plethoric state of the vascular system which will require and admit of severe depletion.

I have often thought that from the general and unconditional way that bleeding is recommended by many of our great midwifery authorities, much harm is frequently done by the careless or inconsiderate young practitioner, who believes he cannot do wrong in carrying to extremes the practice he has been taught, and which, in abler and more experienced hands, would have probably undergone wonderful modification.

I had not, however, intended to enter upon the subject of puerperal convulsions and their treatment at this time, but to reserve my observations for another opportunity. My present intention was to thank Mr. Druitt for the candid manner in which he has spoken of this case of unsuccessful practice, feeling confident that it will serve as a warning to many young practitioners, who think they never can do wrong when they are, as they suppose, obeying to the letter the mandates of those whom they have been led to look upon as infallible. It is easy to praise ourselves, to speak of our successes, and to vaunt our skill; but it requires a painful effort to record our misfortunes or our faults. It would be, however, infinitely to the advantage of science if the latter mode were more extensively followed than it is, and would prevent many disappointments, and many egregious errors, into which the sanguine and the unreflecting are apt to fall. If we were to believe some men, we have only to imitate the example of King Canute, in ordering the tide of disease to fall back, and that at our command it will do so.

I am, Gentlemen,
Your obedient servant,
AMICUS.

Doncaster, March 9, 1844.

GUY'S HOSPITAL.

FEMORAL HERNIA.

Catherine Cross, aged fifty-three, married, with four children, a spare woman of dark complexion, admitted Sunday evening, Jan. 28, 1844. Has been troubled with hernia for seven years, but has never worn a truss, it either retiring spontaneously on lying down, or being returnable by slight pressure; a small tumor, however, being always left, which resisted all attempts at reduction, and was not productive of any inconvenience. On Christmas-day last she had a severe return of the hernia, but the intestine was returned after two days by the application of ice and the taxis. On Thursday, Jan. 25th, after using some violent exertion, it again protruded, and the application of the taxis was ineffectual, although employed several times in the warm bath; her bowels were

obstinately constipated, and she had incessant vomiting till the Sunday following, when she states that flocculoid matter was thrown off the stomach.

On admission, she had a globular tumor in the right groin, situated below and upon Poupart's ligament, and external to the spine of the pubes. Mr. Cooper saw her very soon after her being taken in, and having endeavoured ineffectually to reduce it, decided upon immediately operating. The incision was of the T form, and the coverings of the hernia were very thin. The stricture was divided without opening the sac, and the intestine instantly returned, but there still remaining a considerable tumor, the sac was opened and found to be filled with strongly adherent omentum, which was left undisturbed and the wound closed. The patient expressed herself relieved and remained easy through the night.

At eight o'clock, a.m., on Monday, she had a warm house-medicine injection, and three hours after

Sulphate of magnesia, three drachms;
Peppermint water, one ounce and a half;

which was repeated in three hours, and by one o'clock she had had her bowels open twice. In the evening she complained of slight pain over the abdomen, which yielded to warm fomentations.

Tuesday, Jan. 30. Passed a comfortable night; no pain; tongue clean; pulse natural; bowels open once, freely.

Wednesday. Slept well, and much the same in all respects; bowels not open. Ordered a castor oil injection, which was ineffectual.

Thursday. Passed a good night; tongue clean and moist; pulse good; slight pain over right side of abdomen; has had no sickness since the operation. The wound was dressed, and looked very healthy. Castor oil, six drachms. At eight o'clock, p.m., her bowels were freely opened.

Friday. Improving in every respect; bowels gently open.

Sunday, Feb. 4. Perfectly comfortable.

Feb. 9. Has continued to improve, and, feeling rather weak, was this day ordered a mutton chop and pint of porter. Bowels regular.

Feb. 12. The porter affecting the bowels slightly, was discontinued, and six ounces of port wine given instead. She has continued in the same state up to the present time,

Feb. 20. The wound has healed, and the patient quite well. Her appetite has continued good throughout.

TUMOR IN THE NECK.

Eliza Lusignea, aged thirty, a silk weaver, residing at Bethnal-green, was admitted into Guy's Hospital, November 22, 1843. She is of dark features, and rather unhealthy aspect; general health indifferent. About seven years ago she first observed a small tumor behind the angle of the lower jaw on the left side; this has gone on steadily increasing, until it reached its present size, that of a bantam's egg. She has suffered more or less pain it, varying according to the state of her health. The tumor is not painful on pressure, and, though unconnected with the skin superficially, is evidently deeply seated. Her health being improved by tonic medicine, Mr. Cooper removed the tumor on December 5th, and, after cautiously dissecting back the integument, discovered a tolerably large arterial branch supplying the substance of the tumor; this being secured by a ligature, the artery was divided between it and the tumor, which was now entirely removed; very little hæmorrhage occurred. The edges of the wound were retained together by sutures, and a compress of lint with strapping applied; the case progressed favorably, and she went out well on Dec. 19th.

LITHOTOMY.

Henry Upton, aged thirty, was admitted into Naaman's Ward, Dec 23, 1843, under Mr. Cooper. He is a fisherman, living at Worthing, in Sussex, and has been much exposed to wet and cold. For six or seven years he has had pain after passing his water, in which he has noticed a thick deposit, which lately has been tinged with blood. About a fortnight previously to his admission, a stone was discovered on his being sounded by a surgeon. His general health has been good; he does not recollect any particular illness prior to this attack; has never had much pain in the loins, and now there is no tenderness whatever on pressure in the lumbar region.

Passes his water frequently and with great pain, a thick muco-purulent deposit is seen in it on standing for a short time. Specific gravity 1·010, coagulable by heat, and deposit not redissolved by nitric acid.

Dec. 26. He was sounded by Mr. Cooper, and a large irregular stone was easily detected.

Jan. 2, 1844. Having had a dose of castor oil last evening, followed by the administration of an enema early this morning, he was operated on at one o'clock, p.m., by Mr. Cooper. The lateral operation was performed, a straight staff and knife being used. Some little difficulty occurred in seizing the calculus with the forceps, arising from the great irregularity of its furface.

About an hour after the operation there was considerable hæmorrhage, which was checked by pressure. He had thirty drops of tincture of opium immediately after the operation.

3. The urine has flowed freely from the wound since yesterday; he is quite easy.

4. Tongue clean; pulse 98; allowed to have fish, and a small quantity of porter. Wound quite healthy.

He continued to improve every day; was allowed a mutton chop on the fifth day after the operation. His urine passed by the natural passage on the eighth day after the operation, and on examination was found to be ammoniacal, with very small quantity of mucous deposit from it. Sp. gr. 1·010. Coagulated by heat, not redissolved by nitric acid.

12. Much mucus in his urine, which is of the same specific gravity as last reported; and albumen also present.

13. His urine the same; wound healthy.

18. Urine of sp. gr. 1·010; matter deposited by application of heat is partially, but not entirely, redissolved by nitric acid.

23. Urine has ceased to flow by the wound.

30. Sp. gr. of urine the same; quantity of albumen not so great.

Feb. 10. Urine same as when last reported; wound cicatrising.

17. He is quite well; his urine still of the low sp.

gr. formerly reported, but not containing so large a quantity of albumen; wound nearly healed.

LITHOTOMY.

John D. Mantle, aged five, was admitted into Guy's Hospital, Jan. 6, 1844; a child of fair complexion, delicate constitution, moderately tall for his age, and slim. For the last two years he has suffered from the ordinary symptoms of stone, such as stoppage of his water, with great pain while passing it, causing him to run up and down the room while micturating; great straining; prolapsus ani, and elongation of the prepuce, which he is constantly pulling; the urine also occasionally deposits much sediment, but has never been observed to be tinged with blood. He was sounded before admission, but no stone detected, and the bladder appeared to be somewhat rugose and unhealthy.

Soon after admission Mr. Cooper sounded him, and with some little difficulty discovered a stone; there was evidently a small piece of calcareous matter in the urethra, close to the bladder, which on two occasions was felt and pushed back. His health is improved, and the bowels attended to daily; an aperient powder was given the previous night, and an injection in the morning of Jan. 30th, and at one, p.m., Mr. Cooper removed the stone, which was of moderate size; there was some little hæmorrhage at first, which soon subsided. The child progressed most favorably afterwards; no bad symptom supervened; the wound healed favorably; and the urine, which was first passed through the natural passage, on the third or fourth day again flowed entirely through the wound, until about the tenth day, since which it has occupied its natural passage.

Feb. 20. Just well.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MARCH 23, 1844.

We have to inform our readers that henceforward the publication of the Provincial Medical Journal will be transferred from London to Worcester. The Journal will in future be published on the Wednesday, and the next volume commence on the 3rd of April. It is requested that all communications, letters, &c., be addressed to Dr. Streeten, Foregate-street, Worcester.

In our last Number we had occasion to announce the receipt of two pamphlets—the one professing to give an account of the results of the great operations of surgery during a practice of twenty-two years, and showing a high rate of success, at the Liverpool Infirmary, which the author, Mr. Halton, attributes mainly to the situation and management of that institution;—the other being a reply from the surgeons of the Liverpool Northern Hospital to certain observations of Mr. Halton. Under ordinary circumstances, a brief notice of the statements of Mr. Halton, which, we may observe, were first published in the "London Medical Gazette," would have sufficed; such a notice, indeed, as was given in a late number of the "Lancet" of the paper as published in its original form. When, however, we find that, notwithstanding the more than dubious light in which a professional critic is disposed to regard the facts and observations here thrown together, the author so far forgets himself as to bring these before the President, Chairmen, and Committee of the Institution to which he is attached, and others of the non-professional public, we cannot but see that his views of medical ethics are very different to those which animated the practice of most eminent authorities on this subject.

Few persons who have devoted attention to statistical inquiries would be disposed to place reliance on the very indefinite statements contained in Mr. Halton's pamphlet; but as he has appealed to non-professional readers, most of whom are alike ignorant both of the principles of medical and statistical science, it becomes necessary to expose the fallacies by which he might deceive such persons, and by which, as we believe, he is himself also deceived.

Mr. Halton speaks of the probability of the "high rate of success" in his practice at the Liverpool Infirmary being attributable to the situation and management of the institution; and yet we find him telling the gentlemen of the committee that the satisfaction and pleasure which he might have experienced in bringing this under their notice is, he laments to say, very much diminished by the fact, that it is only a third of the practice, and that portion his own. "This I regret," he continues, "as it places me in a more prominent position than I could have desired, but unfortunately I had no means of obtaining a general record."

Do we understand the author of this observation aright? Are the records of the Liverpool Infirmary so imperfectly kept, that he was unable to have recourse to them for a verification of his own private journals? If so, the management of the institution is singularly defective in one of its departments, and a shade of suspicion may well, therefore, attach to the absolute accuracy of the high enconium so liberally bestowed, in general terms, on the whole. Or did Mr. Halton's colleagues decline to allow him to make use of these records? In whatever point of view we regard this extraordinary announcement, we cannot but see a defective state of the records made use of, and consequent inaccuracy of deduction from them. Certainly, however the statement may show the results of Mr. Halton's individual experience and practice; it can by no means be taken as a fair criterion by which to judge of the merits of the institution to which he is attached.

The statement professedly includes the results of a

practice of twenty-two years, during four and a half of which Mr. Halton was occupied as surgeon to the Dispensary, and not quite eighteen as surgeon to the Liverpool Infirmary. It excludes the practice of Mr. Halton's colleagues at the Infirmary; consequently it is not the practice of the Infirmary, but of Mr. Halton himself alone. Does it not include also the results of his private practice?

The actual number of the operations is not given, because, "to give a detail of the number of operations I had performed appeared to me so very like an advertisement." We must take leave to say, that a mere proportionate statement, and that, one which there are no means of verifying,—which refers, as it is made to appear, solely to a particular class of patients, such as are received at public institutions, and which yet may, and most probably does, include a large number of private patients, the result of whose cases would materially modify that of the ormer, is so utterly inapplicable to statistical purposes as to partake far more of the appearance of an advertisement than any amount of numbers which could have been collected.

There are many surgeons of acknowledged eminence who, in one or more of the great operations of surgery, can count numerous instances of successful practice. We have heard of one who, like Mr. Halton, could enumerate a large number of operations for the removal of stone or other foreign body from the bladder successively, without a death to record. Suppose such a surgeon to use the same language at a given period of his practice, yet the next five or six operations which he may be called upon to perform shall bring down his proportion of success rapidly, and if he neglect to give the actual numbers in either case, his experience is valueless as a statistical record, and in the former case inapplicable to any useful purpose, or, indeed, to any purpose at all but that of an advertisement.

Now, we have no wish to examine such results as these; nor, indeed, should we have noticed the subject at all, leaving the pamphlet to be estimated by the profession for just as much as it is worth, had it not been for the violation of every principle of sound medical ethics manifested by comparison attempted to be instituted between Mr. Halton's record of practice and the public practice of another institution, the Liverpool Northern Hospital. The conclusion of Mr. Halton's pamphlet is so manifestly an attack on this institution, and the medical officers belonging to it, as to have called for a reply on the part of those gentlemen, which, for the tone and temper which it manifests, is highly creditable to them. The results obtained from the records of the Northern Hospital are fairly stated and tabulated, and while they certainly appear more unfavorable than those of Mr. Halton's mixed practice, the amount of success is fully equal to that of many institutions of high character.

The fact seems to be that Mr. Halton's statements are vitiated from a want of accuracy in his mode of comparison and deduction, from his having too hastily assumed that the patients of the two institutions were originally of the same class and in the same circumstances, and that the nature of the accidents and the stages of disease are the same in each; perhaps, also, from his having admitted into his calculation cases from private practice. Much of the apparent success also may be owing to his own individual caution in omitting to give patients the chance of recovery which an operation in seemingly doubtful circumstances often affords. If his proportion of deaths after a given operation, for instance, be one in six, and he have performed twelve operations, two in which only have proved fatal, the addition of four doubtful cases, one of which only succeeds, will at once increase in ratio of mortality from that individual operation to one in four.

Before, therefore, a just and accurate comparison can be drawn between the practice of the two institutions, or between that of any two institutions, many more elements of statistical calculation require to be taken into account than those introduced by Mr. Halton. That such comparisons should take place upon a fair and well-considered estimate of all the facts necessary, and the elucidation of the important questions which they involve, is highly desirable; but they must be carried on in the spirit in which the following extract from the reply of the surgeons of the Liverpool Northern Hospital is conceived:—"We are far from believing there is no room for improvement in any of our public institutions; the best way to arrive at the cause of any defects requiring remedy, is by comparing the results of different managements and modes of treatment; we are anxious to co-operate with Mr. Halton, his colleagues, and the other medical functionaries, in exposing the defects in the management of our own, and other institutions; and we believe our success will be the greater the more we carry on our investigation in the spirit of that charity, which it ought to be our common object to promote."

We purposely avoid entering further into the controversy. In our opinion the surgeons of the Northern Hospital have ably replied to the uncalled-for remarks of Mr. Halton, and those who feel a desire to investigate the question more fully, will do well to examine the pamphlets for themselves. Our object has simply been to record our disapprobation of the manner in which this question has been raised. Mr. Halton had a perfect right to record the results of his own practice; and had he confined himself to this, though we might have questioned the correctness of his inferences and general conclusions, opposed as they are to the

recorded experience of some of the most able observers in the profession, we should have been spared the pain of witnessing in a surgeon of eminence and reputation, conduct which we cannot but consider unworthy of the station which he occupies.

Mr. Renshaw wishes to state that the transfer of this Journal to Worcester was adopted by the Central Council in a resolution which bears date Jan. 13, 1844, in consequence of an application by Mr. Renshaw, as one of the proprietors of the Journal, for such an increase on the price paid, namely, 2½d. per number, stamped, as would make it remunerative, and enable him to give gentlemen of talent a proper recompense for their labors in the editorial department, and to compete successfully with the exertions of other medical journals. Mr. Renshaw wishes to mention this, because it explains and accounts for some irregularities in the publication of the Journal, which have occurred since the period alluded to. Mr. Renshaw suggests that he could not be expected to neglect his own profitable affairs for a Journal which had thus virtually passed out of his hands (it being only continued by him until other arrangements were made), which had been supplied to the Association considerably under cost price, during the period of his connection with it, and in other respects had been anything but profitable.

REVIEWS.

An Essay on the Tongue in Functional Derangement of the Stomach and Bowels, with some Observations on the Tongue's Aspect in Organic Disease of the Lungs. By Edward Williams, M.B., Cantab, Senior Physician to the Essex and Colchester Hospital. London: Simpkin and Co., 1843. pp 129.

This very meritorious essay, contains a well arranged and carefully collected body of *facts* respecting the state of the tongue in various diseases. The author gives, in a tabular form, a numerical account of the various conditions of the papillæ of the tongue; he had been led to remark that "the mucous membrane and papillæ of the tongue presented varying aspects in functional disturbances of the stomach;" and "that the different orders of the papillæ were not simultaneously effected."

He has attempted, therefore, to introduce precision into the language used to denote the appearance of the tongue, and to connect these, by the numerical method, with the disorders of the stomach in which they are most frequently observed. We will add, that a work like the present, which adds to our information on a very important means of diagnosis by original research, deserves to be carefully studied.

The Nervous System of the Human Body &c. By Sir Charles Bell. Third Edition, with Sixteen Steel Engravings. London: Renshaw, 1844.

This handsome volume is a reprint of the various papers on the nervous system, which Sir Charles Bell read before the Royal Society of London. It also contains an appendix of cases and consultations on nervous diseases, several clinical lectures on the same subject, and three additional papers presented to the Royal Society of Edinburgh. The volume is illustrated by several wood-cuts, and sixteen highly finished engravings on steel. Sir Charles Bell's writings on the nervous system are too well known to require any notice of them here; we merely wish to take an opportunity of stating that the publisher has been enabled to make arrangements by which they are now offered to the profession at less than half price.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I consider myself too recent a member of your valuable Association, and too little acquainted with all its plans and purposes, to find myself at ease in addressing its numerous and intellectual body. To shelter ourselves under ignorance is a poor apology at all times for the intrusion of crude opinions, and one I should be ashamed to have recourse to, if my communication was of a character likely to injure, or be injured by it. I avow myself, therefore, totally ignorant of what you are doing, or what you are going to do, in reference to the fund called benevolent—whether its design is to embrace a limited or extended scale, whether it is of a temporary or lasting nature. If, therefore, I throw a few ideas together, you will consider them as original, for I have no documents before me which direct me as to your intentions; but I have a sufficient view in my own mind of what I think ought to be done by that respectable and influential body of gentlemen who constitute the members of the Provincial Medical Association. The establishment of a fund for benevolent purposes has long been a desideratum with our profession, and its neglect a disgrace which, I trust, the present race of medical men will do their utmost to remove. It would seem that for ages philanthropy has slept in the bosom of our body, in matters which concern ourselves, although the humanity and good feeling of the profession is proverbial in acts of charity and love towards others. Witness the numerous hospitals, infirmaries, and dispensaries, which have sprung up throughout the land for the sick, the diseased, and infirm poor, most of which have received their first impulse from some kind-hearted brother or brethren of our craft. Yet, in the midst of this noble feeling, where is the asylum for our own worn-out veterans?—or where is the fund to meet the common contingencies of poverty and disease which too frequently fall to the lot of our own brethren? Alas! I know of none. This supineness on the part of a liberal

profession has appeared to me, and must have appeared to others, as a great want of natural feeling, a marvellous indication of contracted views and narrow minds; but I trust the mist of selfishness is dissipating fast, that the sun of true charity is rising, and that the gloom which has hung over us so long will be swept away, while the genial ray of true brotherly love will warm and invigorate us. Let us look for a moment at the ordinary career of the general practitioner, and see if he has not claims upon the good feeling of the community, and upon his more wealthy brethren in particular.

A young man, fresh from his course of studies, having spent perhaps the bulk of his fortune in the acquirement of his knowledge, feels disposed to settle himself in life; he chooses a locality congenial to his taste, or, it may be, circumstances compel him to take such a field for his exertions as opportunity and his own limited means will allow. Let us suppose it in some obscure village where, if you except the clergyman (and he is not often *get-at-able*), there is not a congenial spirit or educated person to be found. What is the position of this enlightened and intelligent young man? His social enjoyments are at once extinguished; he may find hospitality, and the poor and ignorant may respect his talents, which, after all, they have a natural tact at discovering; but with whom can he exchange a thought, or how fares his sensitive and refined mind amongst rude uncultivated boors, whose very coarseness shocks him? But all this is nothing compared with the nature of his practice; he takes a district under the tender mercies of a board of guardians, and has to ride miles to visit the haunts of wretchedness and filth, to make weekly returns, and answer all questions touching even the most delicate points in his profession; he is at the beck and call of a relieving officer, and is to be reprimanded, or even dismissed, because he has not the power of ubiquity—to be in two places at once; like the lawyer in "Tom Jones," he is not clever enough to split himself in two, and send one half in one direction and the other in the other. I speak not of the remuneration for these services; I pass that, *sub-silentio;* but for the onerous and painful duties demanded I know of no price adequate. Next he has a number of clubs, which pay him so much per head, and none but such who are obliged to eke out their yearly stipend by such practice as this can form a judgment of the bickerings, the dissatisfaction, the wretchedness of such employment. It is true he has employment. Oh yes! abundance of that, from morning to night and night to morning, until his wearied and faded frame is worn to a thread with the fatigue. As to his private patients, they are not very numerous, and most of them are of a class who do not *pay their bills*; they may, perhaps, now and then furnish him with a spare-rib, or even a whole pig, or a sack of beans, or oats; but as to money, he calls in vain for that; the baker, and the butcher, and the grocer must be paid, but as to the *doctor, he gets elevenpence three-farthings out of a shilling, and can afford to wait!* The old women of his neighbourhood tell him they do not like a *single* doctor; they urge him to marry, and perhaps he feels himself that such a step would add to his respectability, and certainly to his domestic comfort. He finds a suitable companion, and he marries. Now come his troubles upon him; his establishment is enlarged, his yearly expenditure is trebled, his family come thick, and he finds he must exert himself to meet additional expences. As years roll on there is education; his children must be dressed becoming his own rank, and he finds, toil as he will, he can lay nothing by for the wants of age; he has hard work, indeed, to make both ends meet. In the hey-day of his career some fatal malady has overtaken him, and he sinks into the grave, leaving his forlorn widow and helpless children to the tender sympathies of a world, never famous for any thing but *pity* for poverty and wretchedness. This is a painful picture, but have we not examples continually of its appalling truth! My early friend, Mr. P——, possessed a respectable practice in a certain country town; he married the daughter of a SQUIRE, although not a very rich one; she was, however, brought up with delicacy, and educated with care; they had a large family. My friend was not a prudent person, certainly; his habits were expensive, his economy nothing, his forethought less; he fell a victim to consumption before he attained his fortieth year, and his wife and family found themselves at his death penniless.

What was the result of this distressing calamity? The last news I heard of the lady was, she was the inmate of that parish workhouse, which her husband in the zenith of his career had attended as the medical officer. Of his children, more frightful accounts were delivered to me; one or two of his daughters had sunk into a condition of degradation too appalling to be named! Oh! had there been but some asylum furnished by the charity of his own class, and to which he might himself have contributed, or some fund to have bestowed its welcome aid at the moment of the poor man's dissolution, what a measure of misery would have been spared, and what a depth of gloom and darkness have been swept away! Blessed, thrice blessed, be that man or that body of men who will discover means to avert calamities like these. The visions of heaven are not brighter in my eyes than the glimpse, through time's vista, of asylums erected for such holy purposes, or funds in store to meet the wants and necesities of such sorrowful cases. I knew the daughter of another medical man who died while his child was yet an infant; that child grew to be a beautiful girl, but she had no guiding hand, and "she fell lured by a villain" "cast abandoned on the world's wide stage." Not many months back the daughter of a physician was pointed out to me behind the counter of a pastry-cook!

To me it is matter of perfect indifference how the Benevolent Fund is established, so that *it is* established. If by voluntary subscription, I trust they will be liberal, for it is a noble work; if by compulsatory additional contributions, I am equally content. All I hope is, that gentlemen will not refine so much upon the subject as to let the grand question slip through their fingers by that refinement. Every medical man should exert his whole energy in furthering the cause; for however extensive his practice, or however large his private property, he knows not what may be hid in the womb of futurity, or how soon his bereaved family may stand in need of the bounty, or even he himself, in a condition of decayed

health, supplicating its relief, for worldly riches are of a fading character, and the brightest eagle of the sky has not more rapid wings than the gold upon which he may at this time rest in such security. The clergy have beautiful institutions for their decayed brethren, and the widows and orphans; why should we not emulate their excellent example? It is only necessary to resolve that it shall be done, and my word for it there is charity enough in the hearts of our brethren for the purpose. Within a very few years all would be accomplished which the most benevolent person could desire.

I beg pardon for the length and perhaps crudeness of this letter; but the subject is near my heart, and will ever command the utmost energy I possess.

I have the honor to be, Gentlemen,
Your obedient servant,
EDWARD DANIELL.

Newport Pagnell, Bucks,
March 11, 1844.

THE LATE DR. MACARTNEY.

At the late anniversary meeting of the Royal Medical and Chirurgical Society, the president, Mr. Stanley, in communicating the losses which the society had sustained in the preceding year by the deaths of distinguished fellows, thus alludes to the late Dr. Macartney:—

James Macartney is the next in the list of our deceased fellows of whom it is my duty to speak. It seems probable, as has happened to many distinguished persons in our own and in other professions, that the early education of Macartney was not for medicine or natural science, but that he afterwards turned from the path which had been formed for him into another to which his genius and capabilities instinctively led him. The earliest notice of Macartney that I have been able to obtain is, that in the years from 1799 to 1802, he was zealously occupied in human and comparative anatomy at St. Bartholomew's Hospital, and that he was probably the first demonstrator in its anatomical school under Mr. Abernethy. There he did not long remain; and it is probable that he quitted London at that period to undertake the duties of surgeon to the Radnorshire militia regiment, in which he remained many years. An Irishman by birth, Dr. Macartney had not resided in Ireland from his youth until the year 1813, when he became candidate for the professorship of anatomy and surgery in Trinity College, Dublin, and, from his high reputation, was elected in preference to numerous resident and other candidates. He retained this office twenty-four years; and having resigned it in the year 1837, did not, I believe, engage in any other public duties. His death was sudden, at an advanced age, it is presumed from apoplexy, in March 1843. Sir Herbert Marsh, President of the College of Physicians in Dublin, informs us it had been arranged that Dr. Macartney should read a physiological paper at one of the evening meetings of the College, and that casually meeting him in the street on the day in which he was seized with his fatal illness, Macartney stopped to say that his paper was ready, and to inquire on what evening he should be required to bring it forwards. The name of Macartney will be transmitted to posterity as of one of the eminent physiologists of his time. And it is of some interest for us to know that he acquired this high reputation chiefly through the means of his zealous devotion to comparative anatomy. This was the labor of his life. When the demonstrator in the dissecting-room of St. Bartholomew's, he was actively engaged in the dissection of animals, and he then commenced the formation of the museum for the illustration of the lectures on comparative anatomy which he afterwards delivered. The result of his labor, constantly directed to the object of attaining a knowledge of the structure and functions of organs in animals, was that Macartney soon found himself able to announce the bold, as it was then untried, experiment of a course of lectures on comparative anatomy and physiology. He gave such a course, through several years, in the anatomical theatre of St. Bartholomew's; and here it should be noticed was the delivery of the first distinct course of lectures on comparative anatomy in any of the medical schools of the metropolis. But the subject was then new; the interest and the importance of it were not then sufficiently apparent to induce many students to attend Macartney's lectures. The few who did so were, I know, highly gratified with the interesting matter he introduced into them.

Another result of Macartney's labors in comparative anatomy was the production of his elaborate contributions to Rees' Cyclopædia, composed almost wholly from his own dissections, and abounding in original matter. Such especially were the articles on the Anatomy of Birds and Mammalia, the former containing, with other novelties, the first account of the peculiar mechanism in the leg of the stork, and of other birds which sleep standing on one foot, whereby the leg can be preserved in a state of extension without muscular effort; also the first description of the plexuses of blood-vessels in the legs of birds analogous to those which Sir Anthony Carlisle had discovered in the limbs of the tardigrade animals.

In the year 1810, there appeared in the Transactions of the Royal Society, the important paper by Macartney, on Luminous Animals in relation to the Phosphorescence of the Sea, in which he gave the first complete account of the animals possessing the property of emitting light, endeavouring to ascertain from what parts of their bodies the light issues, and what are the circumstances influencing its emission.

The next work in the order of its importance which Macartney published was the Treatise on Inflammation, the scope and objects of which are sufficiently well known to render it needless for me to dwell on them. But it deserves to be noticed that in this work is to be found the first scientific view of the use of water as a dressing for wounds, ulcers, and inflamed parts, the universal adoption of which is the best proof of its excellence, and consequently of the advantage it has conferred on the practice of surgery.

In the last year of his life, Macartney, with undiminished ardour in the investigation of minute structure, produced in the Transactions of the Royal Irish Academy, his paper on the Minute Structure of the Brain in the Chimpanzee, and in the Human Idiot, as compared with that of the Perfect Brain of Man, the object of the paper being to show that in every part of the brain the white fibres are arranged

in plexuses enclosed in the grey substance in the same manner that the colored substances are arranged in the ganglia of the nervous system, and which view of the anatomy of the brain is confirmed by the best microscopic observers.

An old and much-valued friend of Dr. Macartney reports of him, "that he was an ever-active and inventive genius, quite an original thinker, that his lectures were full of ingenuity, and constantly changing from the new matter he supplied to them. Hence they were discursive, no two courses being exactly alike. Enthusiastic himself, his great delight was to make his pupils enamoured with the scientific pursuit of their profession. He maintained besides," continues his friend, "the character of genius by another quality; he was rather contentious, and consequently was often in hot water: such, however, were his sterling good qualities that no man had more warmly-attached friends. He was not covetous of wealth, for he spent his all in hospitalities and scientific pursuits."

Among other objects of Macartney's zeal for the public good was the removal of the prejudice against dissection, and he missed no opportunity of effecting this. I remember to have seen in the Museum at Trinity College an iron vase, resting on a marble pedestal, and stated to contain the ashes of the heart of Dr. O'Connor, with the following inscription upon the pedestal :—"Preserved by Dr. Macartney in respect for the memory of the man who, freed from superstitious and vulgar feelings, bequeathed his body for the honorable purposes of giving to others that knowledge which he had employed for the benefit of his fellow creatures."

Such was James Macartney; a man of a high stamp, an ornament to our profession; and chiefly so, not from the discoveries he made, or the improvements he introduced into it, but because he worked zealously through a long life at the science of medicine, irrespective of considerations of pecuniary gain, in subservience to a nobler object, the interest of the studies in which it engaged him, and the gratification they afforded him. In the classification of men by Lord Bacon, according to the various motives which urge them onwards in scientific pursuits, Macartney would take his station among the paucissimi, ut donum rationis divinitus datum, in usus humani generis impendant.—*Med. Gaz.*, March 1844.

TREATMENT OF UNION MEDICAL OFFICERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Some few years ago I wrote to the poor-law committee of the Provincial Association a letter, in which I recommended the precise alterations which the poor-law commissioners have thought proper lately to enforce with regard to the appointment of medical officers to unions, viz, "that the office should be considered as permanent so long as the person elected fulfilled his duties with regularity, and so long as he remained satisfied with the remuneration then fixed upon."

"That for the great surgical operations and for fractures certain conditional fees should be allowed as extras."

"That medical districts should be confined to a certain extent, or to a given amount of population," &c. &c.

Now, although these are not all that could be wished in the removal of the "tender system" of former years, yet I think every one will allow their adoption to be a signal advantage over the position which was formerly held by such officers; and to illustrate this (as I think) somewhat forcibly, I give you what since then has happened to myself. I have for many years practised in the town where I now reside; and at the time (1836) of the formation of the union here, I was elected medical officer to the principal district, and to which office I was re-elected three succeeding years. Previous to the commencement of the fourth year, a young man, a native of the place, returned here with the intention of re-commencing practice. About this time, during my attendance at the board of guardians, my attention was directed to that part of the Report (second) of the Poor-law Commissioners, then issued to the effect that "the paid officers of unions were prohibited from canvassing for their re-election to any office they might then hold, and that the guardians were directed to discountenance all and every person so applying for their vote and interest."

In consequence of this I forbore to ask any one to interest themselves on my behalf, and merely sent my sealed letter as I had done in former years.

It was customary here to insert an advertisement in the provincial paper for the election of medical officers to the union, which was followed as usual up to this time. Three weeks before this advertisement appeared the guardians had been actively canvassed by the medical man before alluded to, and some of them personally exerted themselves to obtain his election, under the plea that he would do it for ten pounds less than what I had been accustomed to receive; this, too, without any knowledge of what I intended to offer as a contract, which proved to be of the same amount as the preceding year. The number of cases in this district averaged 770 per year. The district included the town, the workhouse, and three villages, at one, two, and three and a half miles distance, for which I received £80 a-year.

I lost my election, which was not all; but let us just look at the contrivances subsequent. At the next meeting of the guardians I applied to know if there was any complaint against me, or if I had neglected any duties belonging to the office. From the board I got two separate replies, one of which was, "We have never heard the whisper of a fault against you." The other was, "We hope the poor will be as well attended to next year as they have been by yourself."

My opponent had been but a few months in office, when, having friends at court, it was proposed that the amount of salary "should be raised some pounds," so that, with the new vaccination fees, it should be what it had been before. The office was again nominally offered to all the resident medical men, when some declined. I again sent in my terms; yet, though these were quite as advantageous to the union as the

others, in respect of salary, I had not, as is now proved, a chance of their being accepted; and why? A few weeks before the expiration of the year the assistant-commissioner visited the union, when he inquired of the guardians if there was any complaint against the medical officers; to which there was a reply in the negative. "Oh!" says he, "then they must be re-elected." "But what will Mr. —— say, for we have not acted quite the thing towards him?" was the immediate question. "Oh! never mind him; he lost it in the lucky year," was Mr. Commissioner's rejoinder.

Such, then, is a part of the "tender system," as appertains to the conduct of guardians, assistant-commissioners, and of one medical man towards another. Now, however, the office is made permanent altogether, and I have no further interest in the matter. I give this as another and a pretty specimen of fair conduct and treatment towards a professional man.

I am, Gentlemen,

Your obedient servant,

A.

March 6, 1844.

POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The medical officers of this union were summoned to meet the board of guardians to-day, for the purpose of making arrangements for their professional services for the ensuing year.

Some slight alterations were suggested by the profession, but were not acceded to by the board.

The medical officers retired, and after considering the matter, unanimously agreed to the resolutions of which I enclose a copy, in the shape of a petition or memorial to "Lord Ashley's Select Committee of the House of Commons." The original document has been forwarded to his lordship.

Should you deem it of sufficient importance, and can find space in the next Number of your useful Journal, the insertion of this memorial will confer a favor on my colleagues, and oblige,

Gentlemen,

Your obedient and humble servant,

Richard Faircloth.

Newmarket, March 19, 1844.

To the Honorable the Members, &c.

We, the undersigned medical officers of the Newmarket Union, beg most respectfully and humbly to approach the honorable committee of the House of Commons now sitting, and state that the system of remuneration to the medical officers of this union is by a pauper list, for which half a-crown per head is paid, and by a fixed sum of seven shillings and sixpence for every special case.

We object to this system not in principle, because if fairly carried out it is one of the *best*, if not the best, of plans hitherto offered to the profession and to the public.

In making any alteration we feel assured the honorable committee will have the chief regard to the comfort and advantage of the sick poor.

If it were possible, therefore, to adopt a system which would facilitate the communication between the doctor and his patient, in lieu of the present objectionable one of seeking medical relief through an order from the relieving officer, much suffering would be saved to the poor, the protraction of the case would be averted, and *life* frequently *saved*, besides saving an immense amount of labor to the ill-paid surgeon.

In other words, the paupers seeking assistance by the special order system are often deterred from applying so early as they would otherwise do, from the difficulty of prevailing on the relieving officer to consider their illness sufficiently serious to grant such order; often being told, too, the order can only be granted *as a loan*, and thus, by delay in proper attendance, *urgent*, or in some cases *mortal*, symptoms have set in.

In the Independent Laborer's Medical Club, established in this district under the benevolent patronage and high sanction of the Duke of Rutland, the Marquis of Bute, and other influential persons of the neighbourhood, members have the privilege of selecting their own doctor, and apply for his assistance at any time when they feel to require it, without losing time by seeking an *order* elsewhere.

It is to avoid *the evils* at present inseparable from the plan adopted here, that we humbly and earnestly call the attention of the legislature to modify the arrangements for medical relief in the coming Poor Law Bill, so as to put the sick and indigent poor upon a better plan for quickly obtaining assistance when they may be overtaken by accident or by disease.

And we humbly submit this desirable consideration will be best accomplished by strengthening the power vested in the poor-law commissioners, as we have ceased to confide in the liberality entertained by boards of guardians, who are generally actuated by feelings of economy or local advantages in their arrangements for providing medical assistance to the sick poor.

And your petitioners will ever pray.

(Signed)	E. N. Knowles.
Alfred Jones.	A. Fyson.
Thomas Lucas.	W. G. Stutter.
Henry Calthrop.	F. M. Peck.
Henry Miller.	Richard Faircloth.

EFFECTS OF ALCOHOL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In your number for January 6th, a statement is made by Mr. Morris, of Spalding, which appears to me so improbable, that (suspecting some fallacy), I beg through you to request of Mr. Morris the facts from which he appears to conclude that laborers are more liable to take or die of typhus by being teetotalers.

I am, Gentlemen,

Your obedient Servant,

Thomas Eden.

Liverpool, Feb. 27, 1844.

M. FOURNET.

We have pleasure in stating that the report of the death of this promising young physician, which we took from the French Medical Gazette, was unfounded. M. Fournet is alive at Nice, and much improved in health by his sojourn in Italy.

OBITUARY.

We regret to have to announce the decease of the respected President of the Provincial Medical and Surgical Association, William Hey, Esq., of Leeds. We extract the following paragraph relative to this event from the "Leeds Intelligencer," of the 16th inst. :—

"The late Wm. Hey, Esq.—The announcement of the death of this gentleman, in our obituary of this day, will be read with feelings of deep regret, and the event will be regarded as a great public loss. Few men have lived more truly beloved and respected, for his hand and heart were always prompt in every good work of utility, benevolence, or religion; and his unobtrusive virtues and sterling qualities of piety and kindliness in private life, endeared him in the affections and esteem of all who knew him. As a member of the medical profession, in which the name of his family has long been distinguished and honored, Mr. Hey was one of its brightest ornaments. He was for many years senior surgeon of the Leeds General Infirmary, an institution closely linked with the memory of his venerated father. Mr. Hey was in his 73rd year at the time of his death, which took place on Wednesday last."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, March 15, 1844.

J. C. Richardson, H. Owen, W. Fisher, E. Cheshire, J. Watts, W. W. Howard, C. D. Shephard, E. Hancock, W. B. Herapath, G. E. F. Hatch, A. Beardsley.

COLLEGE OF PHYSICIANS.

Dr. Paris has been elected President of the College, as successor to Sir H. Halford.

BOOKS RECEIVED.

Scrofula; its Nature, Causes, and Treatment, and on the Prevention and Eradication of the Strumous Diathesis. By W. Tyler Smith, M.B. London: Churchill, 1844. 8vo.

Geology: Introductory, Descriptive, and Practical. By David Thomas Anstead, M.A., F.R.S., Professor of Geology in King's College, London. With numerous illustrations, comprising diagrams, fossils, and geographical localities. London: Van Voorst. Part I, pp. 128.

A History of British Fossil Mammalia and Birds. By Richard Owen, F.R.S., &c. With numerous illustrative engravings. London: Van Voorst, 1844. Part I, pp. 48.

A Complete Condensed Practical Treatise on Ophthalmic Medicine. By Edward Octavius Hocken, M.D. London: Highley, 1844. Part I, pp. 108.

The Principal Offices of the Brain and other Centres. By Joseph Swan. London: Longmans, 1844, pp, 31.

TO CORRESPONDENTS.

G. H. R.—The Twelfth Volume of the Transactions of the Provincial Association is now in the press, and will shortly be published.

An Inquirer.—We do not think that the commissioners contemplated including the case mentioned by our correspondent amongst "amputations."

We have forwarded the following communications, letters, &c., to Dr. Streeten, Worcester;—

1. Clinical Lecture (No. 5) on Venereal Diseases. By *L. Parker, Esq., Birmingham.*

2. On the Diagnosis of Incipient Tubercle. By *Dr. Ranking, Bury St. Edmunds.*

3. Cases. By *Samuel Cowan, Esq., Bath.*

INDEX.

Abuses of hospitals, 376, 437
Acupuncture in the treatment of fracture, 360
Addison, Mr., in reply to the "British and Foreign Medical Review," 295; fresh observations on the structure and physiology of cells, 457
Address of the committee of the medical profession, 415
Air-passages, foreign body in, 420
Alkalimetry, new methods of (reviewed), 136
Allantoid, Dr. Coste on, 99
American dwarf, 482
Anatomy, elements of, by J. Quain, M.D. (reviewed), 195
Anderson, Dr., on the stethoscopic examination of the uterus, 400
Arch-tourniquet, newly invented, 150
Arm torn off at the shoulder-joint, by J. S. Cooper, M.D., 179
Arsenic, effects of a large dose of, by A. B. Shipman, M.D., 248; on a case of slow poisoning by, by R. Jones, Esq., 127
Ashburner, Dr., note from, 402; reply to, by Mr. Humpage, 437
Ashley, Lord, efforts to obtain a better system of medical treatment for the poor, 311; rough notes for, 270, 359, 397, 419
Asphyxia, case of, from hanging, by E. J. Shearman, Esq., 228; case of, from hanging, by C. R. Bree, Esq., 266; J. Toogood, Esq., in defence of Dr. Shearman's treatment of, 288

Barbieri, Mr., on a case of enteritis simulating pregnancy, 451
Barrett, Mr., and Dr. Eager, 97, 120, 133, 273, 298, 382, 432
Bell, Sir C., on the nerves (reviewed), 489
Benevolent fund, letter from Dr. Lee upon, 290, 449; from H. Phenè, Esq., 339; from J. Heygate, Esq., M.D., 339; from Dr. Inglis, 322, 458; Mr. Danell on, 489
Bichloride of mercury, case of poisoning by, by E. Morris, Esq.—recovery of the patient, 126
Birmingham, Queen's College, introductory address at, by Dr. J. Johnstone, 40, 182, 481
Birmingham Pathological Society, meeting in January, 1843, 393; in February, 76; in March, 136; in February, 1844, 451; in April, 153; in May, 200; in July, 217; in August, 234; in September, 253; in October, 275
Black, Dr., report of the Manchester Hospital, 405
Bladder, perforation of, case of, by E. J. Shearman, M.D., 243
Blister, immediate, 360
Blood, new animalcule in, 181; on the microscopical characters of, by J. W. Griffith, M.D. (reviewed), 152
Blue milk, observations on, 181
Bodies, preservation of, 478
Bodington, Mr., on rupture of the left ventricle of the heart, 125
Bouchardat, M., Annuaire de Therapeutique (reviewed), 411
Bree, C. R., Esq., case of asphyxia from hanging treated by bleeding, by, 266
Bridewell and Bethlem hospitals, report from, 449
British medical profession, the American minister's eulogy of, 133
British and Foreign Medical Review, reply to the, by Mr. Addison, 295
British and Foreign Medical Review, remarks on, by Phylax, 355; defence of, by Dr. Forbes, 398
Brodie, Sir B. C., Bart., lecture on polypus of the nose, 103, 123
Buckell, Mr., on the registration of still-born infants, 79
Bunion, treatment of, 309
Burdett, Sir Francis, death of, 350
Burman, Mr., on Mesmeric impostors, 101
Burnett, C. M., Esq., on bleeding in insanity, 3, 49

Cæsarian section successfully formed, 60
Campbell's (Dr.) System of Midwifery (reviewed), 210
Cancer, causes of, 242; of the breast, 180, 470; transplantation of, 462
Cancrum oris, case of, 38
Carbuncle, inquiry respecting, 356
Carlisle, inquest at—absurdity of appealing to an attorney-coroner in purely medical disputes, 35
Carson, Dr., on œdema glottidis, 169
Cataract, spontaneous cure of, 461
Catarrhs, some observations on the origin of, by J. B. Harrison, Esq., 283
Cells, Dr. Williams on the pathology of 240 254

Cerebral auscultation, Dr. Whitney on, 276, 299
Chadwick, Mr., report on interment in towns, 267, 291; on the mischiefs of druggists' practice, 438
Chadwick, Dr., fracture of the forearm, proper position in treatment of, by, 20
Challice, Mr., on rupture of the right ventricle of the heart, 126
Chambers, Dr., on chronic pleurisy, 325, 365
Charitable institutions, on, by One of the Old School, 376; reply to, by S. Flood, Esq., 417; by a member, 437
Charter, new, of the College of Surgeons, 61; editorial remarks on, 70
Chemists, qualifications of, 95, 111
Chemistry, Familiar Letters on, by Justus Liebig (reviewed), 40
Child-bearing, attempt to prevent, in married life—poisoning by sulphate of potash, 34
Chloride of silver, 182
Christian Burial Society, 97; letter from Dr. Eager (vide Barrett), 120
Clark, Dr., on dislocation of the hip, 188
Clymer, Dr., on tubercular peritonitis, 340
College of Physicians, proposed charter to, 395; Surgeons (vide charter), 395
Come's arsenical paste, 421
Consumption, pulmonary, treated by naphtha, by J. Hastings, M.D., &c. (reviewed), 231
Cooper, B. B., Esq., cases occurring in his practice at Guy's Hospital, 445, 470, 485
Copland's (Dr.) dictionary, delays in publishing, 98
Cormack, Dr., on the Edinburgh fever (reviewed), 328
Coulson, Mr., and the "Dispatch," 36, 121, 133
Cox, Mr., on the new poor-law, 298
Crompton, Mr., on the publication of medical papers, 357
Cullen, Dr., meteorological journal kept at Sidmouth, for September, 1843, by, 62; for October, 122; for November, 202; for December, 342; for February, 1844, 482
Cyanide of zinc, 387

Diabetic urine, Trommer's test for, 161
Dicks, R., Esq., case of ligature of the femoral artery, by, 426
Dickson, Robert, M.D., on trees and shrubs for the national cemeteries, 426
Diffuse cellular inflammation following vaccination, cases of, by Dr. Osbrey, 442
Dispatch, the Weekly, a modest medium for professional advertisements, 36
Doncaster union, medical officers of, 382, 398, 438, 458
Dorrington, Mr., on malignant disease of the os uteri coexisting with pregnancy, 6, 31, 45, 64
Douglas, Mr., on a case of dislocation upon the pubes, 220; treatment of spermatorrhœa, 31
Druggists, counter practice of, editorial comments on, 95, 111, 430
Druitt, R., Esq., on burying living persons as dead, 309; on the mischiefs of large doses of calomel, 428; observations on, by Amicus, 485; Surgeon's Vade-Mecum (reviewed), 192
Dublin Pathological Society, meeting of, 434
Dunn, Mr., case of cancrum oris, by, 38
Durrant's (Dr. C. M.) report of the East Suffolk and Ipswich Hospital, 183, 343

Eager's (Dr.) reply to Mr. Barrett (vide Barrett) 298
Elkington, Mr., on puerperal fever, 287, 453
Erasmus's letter to Paracelsus, 142
Ergot of rye, 378
Evans, Mr., midwifery cases by, 325, 359; remarks on, by, 377; remarks on, by Mr. Staniland, 401

Fairfax, Dr., on hemiplegia, 341
Farr, Mr., on the causes of mortality in town districts, 439
Fever, Mr. Hindle on a critical coldness in, 9; puerperal, 9; Mr. Sheppard on, 19; Mr. Fisher on, 83; Mr. Horton on, 132; Mr. Mac Egan on, 146; Mr. Storrs on, 163, 176; Mr. Elkington on, 287, 453; typhus, Mr. Morris on, 263; and intermittent, antagonism of, 218
Fife, Dr. G., case of hemiplegia by, 171; Sir John, cases by, at the Newcastle-upon-Tyne Infirmary, 106, 446, 205
Fisher, N. B., Esq., on malignant puerperal fever, 83
Flood, Mr., on institutions for particular diseases, 417
Forbes's (Dr.) reply to Dr. Hastings, 398
Forman, Mr., on severe fracture of ribs, with extensive emphysema, 29
Forry, Dr., on the Rondout fever (reviewed), 328
Fournet, M., 494
Fracture of the forearm, on position in—reply to Dr. Chadwick, by Semisupinus, 59; reply to Semisupinus, by Dr. Chadwick, 69; by Septimus Rodick, Esq., 106; by Mr. O. Connor, 131; by Dr. Chadwick, 174
French Academies, 99; report of meetings in January, 390; in February, 405, 434
Fresenius and Will on alkalimetry (reviewed), 136
Fresenius, Dr. C. Remigius, on elementary instruction in chemical analysis (reviewed), 98

Gavin, Dr., on fictitious diseases (reviewed), 135
Goodfellow, Dr., on muscle, 361
Goodlad, W., Esq., obituary of, 442
Graveyard question, 475; Mr. Walker's exposition of the, 267; Mr. Chadwick upon the, 267, 291
Green, Dr., cases of nervous tremor in children, by, 403; cases of typhoid fever in children, by, 468
Guy's hospital reports—cases from the practice of B. B. Cooper, Esq., 445, 470, 485
Guy, Dr., on the influence of employments on health, 141, 219; Principles of Forensic Medicine (reviewed), 177, 197

Halford, Sir Henry, death of, 482
Halton, Mr., and the Liverpool hospitals, 488
Hamilton, Dr., on the excision of the opaque cornea, 478
Hanwell, report from the asylum at, 449
Harrison, Mr., on catarrhs, 283; on sulphurretted hydrogen, 127
Hastings, Dr., on the British and Foreign Medical Review, 353
Hawkins, Mr., case of hernia, 307; note from, 262; on a case of abscess communicating with the cavity of the chest, 187

Heath, Mr., introductory address at the Royal School of Surgery, Manchester, 58
Hernia, femoral, strangulated for twenty-eight days, 159
Heygate, Dr., on the benevolent fund, 339
Hindle, Mr., on a critical coldness in fever, 9
Hip, dislocation of, by H. Clark, M.D., 188
Holland, Dr. G. C., remarks on dilatation of the bronchi and air-cells, 15; on the vital statistics of Sheffield (reviewed), 313; method of protecting Sheffield grinders from the inhalation of metallic particles, 60
Human gravid uterus and its contents, an anatomical description of, by Dr. W. Hunter (reviewed), 76
Humpage, Mr., on bunion, 356; reply to Dr. Ashburner, 437
Hydrarthrosis, treatment of by iodine injections, 461
Hydrocele, new method for the radical cure of, 247
Hydropathy, its real merits estimated, 12
Hydrophobia, inoculation of, 181
Hysteric monomania, case of—spiders discharged from the eye, by A. Lopez, 47

Infirmary, Newcastle-upon-Tyne, cases by Sir John Fife, 106, 205, 446
Inflammation, the physiology of, by B. Travers, Esq. (reviewed), 250
Interment in towns, Mr. Chadwick's report on, 267, 291
Intestinal canal, animalcules in, 282

Jaw, upper, two cases of excision by S. Smith, Esq, 129
Jerrard, J. C., Esq., case of strangulated hernia by, 150
Jesse, Mr., on hæmorrhage after amputation, 346
Johnstone's (Dr. J.) introductory address at Queen's College, Birmingham, 40
Jurisprudence, Medical, a Manual of, by A. S. Taylor, Esq. (reviewed), 274

Kennedy, Dr., account of the epidemic of scarlatina at Dublin (reviewed), 14
King, Mr. T. W., on the humoralism of therapeutic agents, 223

Lane, Mr., on the conduct of coroners, 358
Lankester's (Dr.) introductory address at the St. George's medical school, 79
Lead, on slow poisoning with, by Dr. Shipman, 18; on the importance of substituting antimony for, 179
Lee, Dr., on the benevolent fund, 290, 449
Lefevre, Sir G., on Thermal Comfort (reviewed), 316
Lever, Dr., a Practical Treatise on Organic Diseases of the Uterus (reviewed), 114
Liebig's (Dr.) Familiar Letters on Chemistry (reviewed), 40
Life assurance offices, 156
Lincolnshire Vicar on medical titles, 375; reply to, 396; on the treatment of bunion, 309
Lithontriptic, new, 61
Livett, Mr., rough notes for Lord Ashley, 321
Lunatic asylum reports, 449
Lynch, Dr. M., on galvanism in hemiplegia, 483

Malignant disease, development of, 202; treatment of, 243; of uterus (vide Dorrington)
Manchester, inquest at, 71; halfpenny medicine at, the Christian Burial Society, 97, 273; Royal School of Medicine at, Mr. Heath's introductory address, 58
Mayne, Dr., on dropsy of the umbilical cord, 386
Medical reform, 447, 477
Medical Students' Guide (reviewed), 317
Medicine, Principles of, by C. J. B. Williams, M.D. (reviewed), 197
Mesmeric impostors, 101
Midwifery, Introduction to the Practice and Study of, by W. Campbell, Esq. (reviewed), 210
Milk, microscopic characters of, 379
Morphia, inoculation of, 361
Morris, Dr., on insanity, 303; Mr., on typhus Fever, 263
Motion, ciliary, 380

Neligan, Dr., work on Materia Medica (reviewed), 432
Ness, Mr., on polypus uteri, 33
Newcastle-upon-Tyne Infirmary, cases by Sir J. Fife, 446
New remedy, introduction of, by Dr. Jeffries, Dr. Lane, 132
Nitre in rheumatism, M. Solon's experiments on, 99
Norman, Mr., on fracture of the ribs, 29

O'Connor, Mr., on fracture of the forearm, 129
Œdema glottidis, case of, by J. Carson, M.D., 169
Oke, Dr., on the relative anatomy of the spine, 367, 383
Opium, African, 99
Os calcis, case of caries of, by Sir J. Fife, 106
Ovarian dropsy, case of, by Septimus Tuton, Esq., 107
Ovarian tumors, both the right and left removed by the same operation, by J. L. Atlee, M.D., 141; extirpation of, by Mr. Walne, 140

Paracelsus, letter from, to Erasmus, 142
Paris, Dr., elected president of the College of Physicians, 494
Pelvis, bubo in, 160
Penny doctors, 82
Pettigrew, Mr., on Superstitions (reviewed), 336
Phenè, Mr., on the benevolent fund, 339
Physicians, Provincial, 438; on the titles of, by a Lincolnshire Vicar, 375; reply to, 396
Physical Science, Sources of, by A. Smee, Esq. (reviewed), 211
Piles, nitric acid for, 245
Pickford, Dr., on conical cornea, 341
Polypus of the nose, Sir B. Brodie's lectures on, 103, 123
Polypus uteri, Mr. Ness on, 33, 360
Polypus, spontaneous expulsion of a, after delivery, by J. Davis, M.D., 246
Poor, distress of the, 151, 190; the means of ameliorating the distress of the, 231; medical relief to the, 242
Poorer classes, sanitary condition of the, 207
Poor-law grievances, 338; medical relief, 478; on the generosity of the, by Mr. Livett, 359
Pregnancy, case of, while the uterus was external to the abdomen, 180

Pruritus vulvæ, treatment of, 182
Premature labor, case of induction of, by J. V. Herbert, M.D., 289; by Dr. H. E. Clark, 290
Pritchard, Dr., on insanity in connexion with physical disease, 323
Privileges of exotic physicians, 422
Proctor, W., Esq., report of cases admitted into the York County Hospital, 147
Provident Philanthropist (reviewed), 354
Puerperal fever, observations on malignant, by William England, M.D., 100; case of, by W. B. Mc Egan, Esq., 146; on its contagiousness, by F. Elkington, Esq., 287; Mr. Fisher's cases of, 83; Mr. Storrs on, 163

Quack advertisements, 36, 133
Queen's College, Birmingham, 40, 182, 481
Quinine, effects of a large dose of, by J. M. Deere, Esq., 230

Ranking, Dr. W. H., observations on spermatorrhœa, by, 26, 94
Ranula, observations on, by M. Jobert, 139
Recovery from Fever, Carlisle House of, 221
Reform, medical, state of, 175; editorial remarks on, 326; meeting at the Crown and Anchor, 362; editorial remarks on, 351; progress of, during the last year, 248
Registrar-General's report, editorial remarks on, 371, 388
Reid, Dr., on ventilation, editorial remarks on, 474
Ricord, Dr. Philip, course of lectures on the venereal disease, delivered at the Hospital du Midi, Paris, by—Lecture XIV, general diagnosis of chancre, 23; Lecture XV, prognosis of chancre, 43; Lecture XVI, general treatment of chancre, 63; Lecture XVII, treatment of chancre (continued), 143; Lecture XVIII, on bubo, 203; Lecture XIX, on constitutional syphilis, 443; Lecture XX, on syphilitic disease of the skin, 463
Rose, Mr., on albuminuria in puerperal convulsions, 364
Royal College of Surgeons of England, abstract of the new charter to, 56; injustice to provincial practitioners, 70; chronological schedule of the fellows of the, 259
Rumsey, Mr., obituary of, 161

Sandwith, Dr., on cancer of the stomach, 363
Schoolmaster abroad, 356
Sciatica, cure of, by means of blisters applied to the heel, 202, 179
Sheffield grinders, method of protecting them from the inhalation of metallic particles, 60
Sheffield Medical Society, 100, 120, 155
Sheppard, E., Esq., on villitis intestinalis puerpera, 19
Sidmouth, meteorological journal kept at, by Dr. W. H. Cullen, 62, 202
Simpson, Dr., on the sterility of twins, 340
Skin Diseases, a Practical Treatise on, by Erasmus Wilson, Esq. (reviewed), 233
Smee, A., Esq., on physical science (reviewed), 211
Smith, Mr., cases of excision of jaw, 129; Dr., on opium, 381
Soden, J. S. Esq., on Harvey's treatment of sarcocele, 189
Soldiers and sailors, feigned diseases of, 135
Southam, Mr., extirpation of the ovary, by, 129
Spine, chronic rheumatism of, followed by paraplegia, cure by strychnine, 141
Spina bifida, case of, successfully treated by repeated punctures, by A. Stephens, M.D., 139
Spiritus ætheris nitrici of commerce, presence of hydrocyanic acid in, 286
Stafford, R. A. Esq., two essays on the diseases of the spine (reviewed), 476
Starr, Dr. T. H., case of purpura hæmorrhagica, 17.
Still-born infants, registration of, 79
Storr's (R. Esq.) case of encysted stone, 20; cases of rare dislocation, 105; observations on puerperal fever, 163
Stourbridge, inquest at, 476
Stricture of the rectum at Bath, 297, 359
Suffolk Lunatic Asylum, sixth report of (reviewed), 449
Sulphate of potash, poisoning by, 59, 64
Sulphuretted hydrogen gas, some remarks on the production of, in the alimentary canal, and its effects on the system, by J. B. Harrison, Esq., 127
Surgeons' Vade Mecum, by R. Druitt, Esq. (reviewed), 192
Surgery, Clinical Observations in, by Langston Parker, Esq., 238
Sweeting's (Mr.), continuation of Dr. Oke's case of paracentesis, 18
Syphilis, M. Ricord's self-inoculation of, lectures on (vide Ricord), 99

Tartar emetic, on the use of large doses of, in delirium tremens, 181
Testis, case of medullary sarcoma of the, by J. Hill, Esq., 206
Thunder-storms, an essay on, by E. A. Turley, M.D. (reviewed), 153
Tobacco enema, death caused by, 324
Traumatic tetanus, case of, by J. W. Malone, M.D., 246
Trial for mal-practice in America, 352
Turner, Mr., on early education, 408
Tuton, Mr., case of ovarian dropsy, 107
Tyler, Dr., unusual case of twin delivery, by, 245
Typhoid and intermittent fevers, antagonism of, 218
Typhus fever, observations on, by E. Morris, Esq., 263

Ulceration, severe case of, by Mr. Whitcombe, 306
Ulcers of the leg, 481
Union medical officers, 438; qualifications of, 477
Upshur, Dr., on spinal irritation, 341
Urachus, case in which it remained pervious after birth; by T. H. Starr, M.D., 288
Uric acid soluble in lactic acid, 60
Uterus, rupture of, by W. Bowen, M.D., 244

Vagina, case of imperforation of, by J. Kennedy, M.D., 158
Varix in the vagina, fatal rupture of, 37; extraordinary case of, 60
Ventilation, importance of a general knowledge of, 474
Ventral hernia, case of, successfully treated by pressure, by T. Guy, Esq., 147
Veratrine, employment of, in rheumatic paralysis, 182

Vesical calculi, on the chemical discrimination of, by S. E. Hoskins, M.D. (reviewed), 153

Walker's (Mr.) Oculist's Vade-Mecum (reviewed), 118
Walls rendered impervious to wet, 361
Walton, Dr. W. L, on sphacelation of the integuments of the small organs of generation, 59
Water-cure, dangers of the—its want of novelty, &c., 52
Waterhouse's (Mr.) reply to Dr. Holland, 15, 109
Watson's (Dr. T.) Lectures on the Principles and Practice of Physic (reviewed), 54, 74; testimonial to, 342
Whitcombe, Mr., case of ulceration, by, 306
Williams, Dr., on the nature of medical science (reviewed), 374
Williams, Dr. E., on the tongue (revieved), 489
Wilson, Mr., on life insurance offices, 156; Treatise on the Skin (reviewed), 333
Windsor, Mr., cases of carcinoma of the eye, by, 423
Workhouses, separation of a mother from her children in, 262
Worthington's (Mr.) report of the Mutford Dispensary, 307

Yearsley, Mr., and the Dispatch, 36, 160

END OF VOL. VII.

WELLCOME LIBRARY INSTITUTE